

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33172
 Do not use this space.

OCT 10 1939

1. PLACE OF DEATH

(a) County Jennison Registration District No. 65-1
 (b) Township Little Prairie Primary Registration District No. 5862 Registered No. 94
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL-NAME FATSY ANN RUSSOM

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-22-1939

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	0	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. _____

MEDICAL CERTIFICATE OF DEATH 4:00 PM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-12-1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 22-1939, to Sept. 12-1939
 I last saw her alive on Sept. 5-1939. Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Premature Birth

Date of onset 8-22-39

Other contributory causes of importance:
159

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. R. Finion, M. D.
 (Address) Cautheersville, Mo.

12. BIRTHPLACE (CITY OR TOWN) Cautheersville
 (STATE OR COUNTRY) Missouri

FATHER

13. NAME R. J. Russom
 14. BIRTHPLACE (CITY OR TOWN) Jennison
 (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Ing. Murphy
 16. BIRTHPLACE (CITY OR TOWN) Jennison
 (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. R. J. Russom
Cautheersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cautheersville, Mo. DATE 9/13/39

19. FUNERAL DIRECTOR (NAME) La. Fargelind Co.
 (ADDRESS) Cautheersville, Mo.

20. FILED Oct. 2, 1939 Ada Martin
 Local Registrar

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3,

District File Number 1039-59

Date Filed 10/6/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

NOT EMBALMED

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.