

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37088

Registration District No. 780 Primary Registration District No. 6025

Registrar's No. 41

1. PLACE OF DEATH:
 (a) County Ste Genevieve MO
 (b) City or town Roll Mo
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ (Specify whether _____)
 years, months or days 2 11 11

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME No NAME (RUSSELL)
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 30
 year 1939 hour 4 minute 30 M.
 21. I hereby certify that I attended the deceased from Oct 30
 1939 to Oct 30, 1939
 that I last saw h^e alive on Blive Oct 30, 1939
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 30 1939
 (Month) (Day) (Year)

Immediate cause of death Premature Birth Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 16A
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years Months Days If less than one day
0 0 0 5 hr. 40 min.

9. Birthplace Roll Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name J. F. Russell
 13. Birthplace Desare Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Walter
 15. Birthplace Roll Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. F. Russell
 (b) Address Roll Mo
 17. (a) Removal (b) Date thereof Oct 31 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Graceland Mo

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Jerome H. Hunter
 (b) Address Ste Genevieve Mo 706
 19. (a) Oct. 30/39 (b) T. W. Douglas
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (a) Means of injury _____
 23. Signature Arthur E. Key (M. D. or other) _____
 Address Ste Genevieve Mo Date signed 10-30-39

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.....
....., 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.