

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

41070

Do not use this space.

1. PLACE OF DEATH

(a) County Yemora ³ Registration District No. 875
 (b) Township Washington Primary Registration District No. 6163 Registered No. 291
 (c) City (d) Street No. St. Hospital #3 Nevada, Mo. 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 1 yrs. 9 mos. 17 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 240 Viola Russell Deepwater Mo. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. John J. Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co. Mo

FATHER 13. NAME Young M. Dunning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Sarah Jane East

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Loop Reed

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwater, Mo. DATE Nov-24-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Seidinger Funeral Home Nevada, Mo.

20. FILED Nov 24, 1939 Ellen V. Hays Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1938, to Nov. 24, 1939
 I last saw h. er alive on Nov. 24, 1939 Death is said to have occurred on the date stated above, at 11:45 am.
 The principal cause of death and related causes of importance were as follows:

Date of onset 11/24/39
Coronary occlusion
Chr. myocarditis
 Other contributory causes of importance: 93C
Generalized arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? No.

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.
 (Signed) John J. Cramer M. D.
Nevada, Mo. (Address) 905

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. 7,

District File Number 12-39-171

Date Filed 12-12-39

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.....

Max E. Eubank

Licensed Embalmer No. 2656

P. O. Address Nevada, Mo.

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.