

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

44494
Do not use this space.

1. PLACE OF DEATH

(a) County St Francis ² Registration District No. 271
 (b) Township Bismarck Mo. ¹ Primary Registration District No. 4462
 (c) City Bismarck Mo. (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 240 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Nancy Elizabeth Russell.
 (a) Residence, No. Bismarck 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 1856.
 7. AGE YEARS 83 MONTHS 10 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Missouri. ^C

FATHER 13. NAME Hiram Hamilton. ⁹
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ¹

MOTHER 15. MAIDEN NAME Elizabeth Poaston.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia.

17. INFORMANT (ADDRESS) Russell Bismarck, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Minimum Mo. DATE Dec 26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) White & Hill Bismarck Mo.

20. FILED Dec 26 1939 J.H. Gale md Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1939, to Dec. 23, 1939
 I last saw h. et. alive on Dec. 23, 1939 Death is said to have occurred on the date stated above, at 6:00 A m.
 The principal cause of death and related causes of importance were as follows:

Aortic Aneurism ?
Suppurative Mediastinitis 12/12
 Other contributory causes of importance: _____

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 _____ 1939
 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) L. C. Unson M. D.
 (Address) Trouton, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. NO. 2
 50M-9-19-38
 I X18605

MARGIN RESERVED FOR BINDING

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.....

Orwell J. White

Licensed Embalmer No.....

3012

P. O. Address.....

London Tex.

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.