

FILED MAR 11 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **843**

240
240
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2525 Hardesty Avenue **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -----
(Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2525 Hardesty Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME **40** Mrs. Fanie Ellen Russell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Charles M. Russell 6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased October 13 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 4 10 hr. min.

9. Birthplace Kidder Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER
{ 12. Name John Knoch
13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
{ 14. Maiden name Margaret Wassem
15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lela Russell Kimmell
(b) Address 2525 Hardesty Avenue

17. (a) Burial (b) Date thereof Feb. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director A. H. Pineson's son

(b) Address 1401 Brush Creek Blvd.

19. (a) Feb. 24, 1940 (b) M. M. Craue
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
year 1940 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from 1940 to 1940

that I last saw him alive on 2-23 and that death occurred on 2-23 date and hour stated above,

Immediate cause of death Heart failure Duration
Myocarditis Chronic

Pneumonia for 25 yrs.

Due to 131

Due to Nephritis, Chronic

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work _____ (Type of place) (e) Means of injury _____

23. Signature J. W. Jones (M. D. or other) _____
Address 248 Plaza Bank Bldg Date signed 2-23-40

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

George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.C. 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.