DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7011

FILED MAR 8 - 1940

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 502 S. DEVON. 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 years, months or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City (If outside city or town limits, write "RURAL")

(d) Street No. 502 S Devon St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Rhoda Jane Russell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife David Russell

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Dec (Month) 18 (Day) 1862 (Year)

8. AGE: Years 77 Months 1 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Jackey Hutchens
13. Birthplace (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Margaret Quirk
15. Birthplace (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature David Russell

(b) Address Webb City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 5 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Mo. CARTERVILLE CEMETARY WEBB CITY MO. CO

18. (a) Signature of funeral director Webb City, Mo.

(b) Address WEBB CITY, MO

19. (a) FEB. 4. 40 (Date received local registrar) (b) P. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd year 1940 hour 5 minute a. M.

21. I hereby certify that I attended the deceased from June 12, 1937, to Feb 3, 1940; that I last saw her alive on Jan 31, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Phthisis Pulmonalis — Duration 5 yrs.

Due to

Due to

Other conditions Hemorrhage terminal factor (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. L. Pritchett (M. D. or other) M.D.

Address Webb City Mo. Date signed 2/4/40

377 (Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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-5-17-39 Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 6,
District File Number 3040-674
Date Filed MAR 6 1940

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 Myself, ..., Registered Apprentice No. ....., working under my personal supervision.

Signed Clayton M. Johnston
Licensed Embalmer No. 3,922
P. O. Address Weff City, 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.