S. No. 2
—11-10-39
. 5-17-39
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FILED APR 17 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12011

Registration District No. 668 Primary Registration District No. 3-D-3-25889 Registrar's No. 111

1. PLACE OF DEATH:

(a) County Pettis

(b) ~~City or town~~ Rural Sedalia Twn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

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

(d) Street No. Rural Route # 2.
(If rural, give location)

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

3. (a) PRINT FULL NAME James Morgan Lee Russell 240

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Fannie A Russell

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

7. Birth date of deceased Dec. 27, 1853 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
76	2	21	hr. min.

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

10. Usual occupation Retired Minister

11. Industry or business

FATHER
12. Name Tom Russell
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emry Cook
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. E. Dowdy
(b) Address Sedalia, Mo. Route # 2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mem. Park

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 3-20-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1940 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 7, 1939 to March 18, 1940 that I last saw alive on Mar. 15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma duodenum Liver. — Duration 1 yr

Due to no work / Cancer 46

Due to no work / Cancer

Other conditions Arteri. sclerosis (Include pregnancy within 3 months of death) Hypo. cardiosis

Major findings: Of operations none

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) no
(b) Date of occurrence no
(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 [illegible] (M. D. or other) 1
Address Sikeston, Mo. Date signed Mar 20 1940

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4-11-40

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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia 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.