

MAY 13 1940 908
Registration District No. _____

Primary Registration District No. 4549

State File No. _____

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Mtn Grove
(c) Name of hospital or institution:
(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 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
(c) City or town Mountain Grove
(d) Street No. 211 Oak
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 1940 hour 9 minute 19 M.

21. I hereby certify that I attended the deceased from Jan 5 - 1940 to Mar 28 - 1940
that I last saw her alive on Mar 28 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. M. Penning (M. D. or other) _____
Address Mtn. Grove Mo. Date signed 7-2-40

Duration

PHYSICIAN

Underlines the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME MARY ANN 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 Widowed

6. (b) Name of husband or wife SAMUEL L. RUSSELL 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Stephen Sigall

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Frances Cogges

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. A. Harris

(b) Address Mtn Grove Mo.

17. (a) _____ (b) Date thereof Mar 31, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nicecrest Mtn Grove

18. (a) Signature of funeral director Boyd Stapp

(b) Address Mtn Grove Mo.

19. (a) 4-1-40 (b) Bernie Montgomery
(Date received local registrar) (Registrar's signature)

RECEIVED:

District Health Officer No. 6,

District File Number 540-1264

Date Filed MAY 9 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

George Staffe
.....
Licensed Embalmer No. 5101

P. O. Address *W. L. Lane 72*
.....

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.