

Registration District No. **81** Primary Registration District No. **5122** Registrar's No. **12**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **Russville**
 (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)
3. (a) PRINT FULL NAME **ALICE ELIZA PAGE**
3. (b) If veteran, name war **NONE** **3. (c) Social Security No.** **NONE**
4. Sex **FEMALE** **5. Color or race** **WHT.**
6. (a) Name of husband or wife **Geo. W. PAGE** **6. (c) Age of husband or wife if alive** **86** years
7. Birth date of deceased **Oct 24 1854**
 (Month) (Day) (Year)

8. AGE: Years **86** Months **9** Days **24** If less than one day _____ hr. _____ min.
9. Birthplace **Buchanan County Mo.**
 (City, town, or county) (State or foreign country)
10. Usual occupation **HOUSEWIFE**
11. Industry or business **HOME**
MOTHER FATHER
12. Name **HENRY CARIE**
13. Birthplace **UNKNOWN UNKNOWN**
 (City, town, or county) (State or foreign country)
14. Maiden name **ELIZABETH SUITES**
15. Birthplace **UNKNOWN UNKNOWN**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Wm. PAGE**
(b) Address **Russville, MO**
17. (a) (Burial, cremation, or removal) **BURIAL** **(b) Date thereof** **7-21-40**
 (Month) (Day) (Year)
(c) Place: burial or cremation **SUGAR CREEK CEM.**
18. (a) Signature of funeral director **FLEEMAN & SON INC.**
(b) Address **ST. JOSEPH**
19. (a) July 21 **(b) [Signature]**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Buchanan**
 (c) City or town **Russville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Russville**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **19** year **40** hour _____ minute **00** A. M.

21. I hereby certify that I attended the deceased from **Apr 4 1940** to **July 19 1940**
 that I last saw her alive on **July 18 1940**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Heart disease** **Duration 2 yrs**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
PHYSICIAN
 Major findings: Of operations _____
 Of autopsy _____
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? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature **E. B. McAdow** (M. D. or other) **July 19 1940**
Address **St. Joseph Mo** **Date signed** **7/19/40**

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

RECEIVED

District Health Officer No. 11,

District File Number _____

Date Filed AUG 8 1940

Handwritten:
6-9-81
78
07761

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 C. G. Swan

Licensed Embalmer No. 4082

P. O. Address St Joseph

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.