

Registration District No. 318

Primary Registration District No. 2001

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution a few hours  
(Specify whether)  
 In this community  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
 (c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2148 N. Main  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25<sup>th</sup>  
 year 1940 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from  
7/25 5 am, 1940 to 7/25 4:10 pm, 1940;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death:  
Acute intentional intoxication  
 Duration 24 hrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions:  
(Include pregnancy within 3 months of death)  
119 B

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

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?  
984  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. E. Feller (M. D. or other) \_\_\_\_\_  
 Address Springfield Mo Date signed 7/25/40

3. (a) PRINT FULL NAME LARRY RALPH RUSSELL 240

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

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

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased November 20 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
✓ 0 8 5 hr. min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER {  
 12. Name Ralph Russell  
 13. Birthplace Willard Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Orean Burrell  
 15. Birthplace Niangua Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Russell

(b) Address 2148 N. Main Springfield, Mo.

17. (a) Burial (b) Date thereof July 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill

18. (a) Signature of funeral director F. C. ...

(b) Address Springfield, Mo.

19. (a) July 25, 1940 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

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

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**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

*R. H. Thomas*

Licensed Embalmer No.

*3681*

P. O. Address

*Springfield, 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.