

SEP 23 1940

State File No. \_\_\_\_\_

Registration District No. 561

Primary Registration District No. 5755A

Registrar's No. 49

1. PLACE OF DEATH:  
(a) County Miller  
(b) City or town Etterville  
(If outside city or town limits, write "RURAL" and name of township)  
(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. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Miller  
(c) City or town Etterville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Cirrelda Margaret Russell  
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 15 year 1940 hour 5 minute 30 A. M.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Thomas Russell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 19 1859  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 10, 1940 to Aug 15, 1940 that I last saw h<sub>e</sub> alive on Aug 15, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
81 4 26 hr. min.

Immediate cause of death myocarditis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER { 12. Name Shelby Bond  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Hale  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mollie Cook  
(b) Address Etterville, Missouri  
17. (a) Burial (b) Date thereof 8-16-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Spring Garden Cemetery  
18. (a) Signature of funeral director Phillips Funeral Home  
(b) Address Eldon, Missouri  
19. (a) Sept 16, 1940 (b) Belle Haynes  
(Date recorded by registrar) (Registrar's signature)

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? Yes  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature G. D. Walker (M. D. or other) MD  
Address Eldon Mo Date signed 9/10/40

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

RECEIVED

Miller County Health Dep't

County File Number 40-90

Date Filed 9/12/40

The body of Mrs. Russell was not embalmed.

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.....

not embalmed

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.