

FILED OCT 18 1940

Registration District No. **417**

Primary Registration District No. ~~556123~~ **302** Registrar's No. **104**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Webb City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jane Chinn Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 day** (Specify whether years, months or days)
In this community **40 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Stone Corner, N. of Joplin**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME **Alvah Alexander Russell**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **493-16-6356**

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

6. (b) Name of husband or wife **Nellie E. (NELLIE E. RUSSELL.)** (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **March 23 1868**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 25 hr. min.

9. Birthplace **North Bend Wisconsin**
(City, town, or county) (State or foreign country)

10. Usual occupation **Bookkeeper**

11. Industry or business **Joplin Rendering Co.**

MOTHER FATHER { 12. Name **Thomas Russell**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Prudence Clark**
15. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Art Russell**
(b) Address **P.O. Box 252, Joplin, Mo.**

17. (a) **Burial** (b) Date thereof **9-20-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope Cemetery**

18. (a) Signature of funeral director **Thornhill Dillon**

(b) Address **Joplin, Missouri**

19. (a) **SEPT. 20 40** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **18** year **1940** hour **12:05** minute **P** M.

21. I hereby certify that I attended the deceased from **Sept 17** to **Sept 18** 19**40**; that I last saw him alive on **Sept 18** 19**40**; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to **Tuberculosis**

Due to **Chronic Myocarditis**

Other conditions (Include pregnancy within 3 months of death) **92c**

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

23. Signature **[Signature]** (M. D. or other) **MD**
Address **Webb City, Mo.** Date signed **Sept 20 1940**

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.....

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.