

Registration District No. 906

Primary Registration District No. 6224

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Wright
 (b) City or town Hartsville (Rural) Boone
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R. F. D. I Hartsville
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2
 (Specify whether years, months or days) Fifty one years

3. (a) PRINT FULL NAME SARAH ALICE RUSSELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced _____6. (b) Name of husband or wife J. H. Russell 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased May 17 1870
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
70 3 27 hr. _____ min.9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Patterson
18. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name Susan Murray
15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Estell Russell
(b) Address Hartsville Mo.17. (a) Burial (b) Date thereof Sept 14-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive18. (a) Signature of funeral director Gene C. Haldeman
(b) Address Hartsville Mo19. (a) Sept. 30-40 (b) Ella Claxton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright
 (c) City or town Hartsville (Rural)
 (If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. I - North part
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1940 hour 8 minute 15 A.M.21. I hereby certify that I attended the deceased from Sept 13, 1940, to Sept 17, 1940that I last saw her alive on Sept 13, 1940, and that death occurred on the date and hour stated above.Immediate cause of death Acute myocardial M. M. D Duration _____

Due to _____

Due to 120

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

Major findings: Of operation J. H. Douglas

Of autopsy _____

PHYSICIAN

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?
At work (Specify type of place) _____
(e) Means of injury _____23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed _____

RECEIVED

District Health Officer No. 6

District File Number 1040-9691

Date Filed OCT 10 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.....

Licensed Embalmer No.....

P. O. Address.....

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.