DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35030

Registration District No. NOV 20 1940 145 Primary Registration District No. 5238 Registrar's No.

1. PLACE OF DEATH:

(a) County Carter

(b) City or town Ellsinore, Mo (Rural)
(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 3 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter

(c) City or town Ellsinore, Mo (rural)
(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 Alpha Grover

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bum

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June (Month) 1 (Day) 1877 (Year)

8. AGE: Years 63 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Russell Springs (City, town, or county) Colo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Elic Russell
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Alpha Russell
15. Birthplace Russell Springs, Colo (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Geo. Russell
(b) Address Ellsinore

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/40 (Month) (Day) (Year)
(c) Place: burial or cremation Bazaar Cem. Bazaar Mo.

18. (a) Signature of funeral director Croy-Leuckel
(b) Address Van Buren, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28 year 1940 hour 8 minute 30 a.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to Cirrhosis of liver	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? 923 (Specify type of place)
While at work? (e) Means of injury

23. Signature Fred Brokaw, J. P. Carter Co. Acting CORONER (M. D. or other)
Address Van Buren, Mo Date signed 9/30/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19811

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.....J. Allen Davis Jr.....

Licensed Embalmer No.....4053.....

P. O. Address.....Van Buren.....

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.