

Registration District No. **327**

Primary Registration District No. **4194**

Registrar's No. **13**

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

1. PLACE OF DEATH:

(a) County Grundy
 (b) City or town Galt
 (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 lifetime years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Grundy
 (c) City or town Galt (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
 year 1940 hour 1: AM minute _____ M.
 21. I hereby certify that I attended the deceased from _____
9-1- 1940 to 11-16- 1940;
 that I last saw her alive on 11-1- 1940;
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mrs Elizabeth Jane Russell
 3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife Ja Russel 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 1-1857 (Month) (Day) (Year)

8. AGE: Years 83 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation household

11. Industry or business Retired Farmer wife

12. Name E. E. Humphreys

13. Birthplace U.S.A. (City, town, or county) (State or foreign country)

14. Maiden name Polly Ann Dobins

15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Roy Russell
 (b) Address Galt Mo.

17. (a) _____ (b) Date thereof Nov 17-40 (Month) (Day) (Year)
 (c) Place: burial or cremation East Galt Cemetery

18. (a) Signature of funeral director Atkins & Son
 (b) Address Galt Mo.

19. (a) 11-17-40 (Date received local registrar) (b) J. C. Weston (Registrar's signature)

Immediate cause of death Myocarditis Chronic
 Due to articular rheumatism
 Due to _____
 Other conditions (include pregnancy within 3 months of death) MI
 Major findings: Of operations _____
 Of autopsy

Duration ?
 ?
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? _____

23. Signature J. C. Weston (M. D. or other) Med
 Address Galt Mo. Date signed 11-17-40

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 PK Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.