

11-10-39  
17-39  
K21492

LED MAR 21 1941

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Kirksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Nursing Home #4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Mos.  
(Specify whether  
In this community 46 yr  
years, months or days)

3. (a) PRINT FULL NAME James Russell  
(b) If veteran \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 91 Months \_\_\_\_\_ Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace (City, town, or county) 1 Ill (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Don't know

13. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs. Blanche H. Mercer

(b) Address Kirksville, Mo.

17. (a) Burial (b) Date thereof 3-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kirksville, Mo.

18. (a) Signature of funeral director E. E. Nippel

(b) Address Kirksville, Mo.

19. (a) 3-3-41 (b) Spencer K. Freeman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair  
(c) City or town Kirksville 3  
(If outside city or town limits, write "RURAL") 3  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day third  
year 1941 hour 3:35 minute 45 A.M.

21. I hereby certify that I attended the deceased from December twenty fifth, 1940 to March 3, 1941, that I last saw him alive on March second, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Myocardial Failure  
Due to chronic Myocarditis  
Due to Senility  
Other conditions None 43H  
(Include pregnancy within 3 months of death)

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

Major findings: \_\_\_\_\_  
Of operations No operation  
Of autopsy No 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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature P. R. Schultz (M.D. or other) D.O.  
Address 100 N. Wolcott, Kirksville Date signed 3/9/41

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

RECEIVED

District Health Officer No. 10

District File Number 3-46-623  
Date Filed MAR 19 1941

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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.....

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.