

MAR 25 1941

Registration District No. 384

Primary Registration District No. 4227

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell
(b) City or town West Plains,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
419 Summit Street. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME STEVEN TROY RUSSELL

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

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

6. (b) Name of husband or wife Nancy E. McDaris 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased June 2, 1851 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 8 22 hr. min.

9. Birthplace Grayson Co., Va. / (City, town, or county) (State or foreign country)

10. Usual occupation Retired Jeweler

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel F. Russell

13. Birthplace Va. / (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Troy Russell

(b) Address Pittsburgh, Pa.

17. (a) Burial (b) Date thereof Feb. 25, 1941 (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cemetery West Plains, Mo.

18. (a) Signature of funeral director Hal Thomburg

(b) Address West Plains, Mo.

19. (a) 2-25-41 (b) Vida W. SIMONS (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell 46

(c) City or town West Plains, (If outside city or town limits write "RURAL") 1

(d) Street No. 419 Summit Street (If rural, give location) 0

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24, year 1941 hour 8: minute 30 a.m.

21. I hereby certify that I attended the deceased from February 17, 1941 to February 24, 1941 that I last saw him alive on February 23, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Chronic Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 12/18

Major findings: Of operations _____

Of autopsy None

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? 3/1/41

While at work? _____ (e) Means of injury _____

23. Signature W. H. P. [Signature] (M.D. or D.O.)

Address West Plains, Mo. Date signed 2/28/41

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

RECEIVED

District Health Officer No. 5,

District File Number 341342

Date Filed _____

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.