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K23159

FILED APR 15 1941

952

Primary Registration District No. 5617

Registrar's No.

1. PLACE OF DEATH:

(a) County Laclede Co. Mo.

(b) City or town Franklin Township
(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 years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:

(a) County St. Louis

(b) County Laclede Co. Mo.

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Franklin Township
(If rural, give location)

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

3. (a) PRINT FULL NAME Russel Remondra Hough

3. (b) If veteran, name war X

3. (c) Social Security No. 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 10
year 1941 hour 7 minute ✓ M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife 71

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Sept 28 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-8, 1941, to 3-10, 1941;
that I last saw him alive on 3-10, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 5 Days 12
If less than one day hr. _____ min.

Immediate cause of death myocardites

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

10. Usual occupation House Wife

Due to _____

Due to _____

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

MOTHER FATHER

12. Name Jessie Ballinger

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

14. Maiden name Caltranda McDavid

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jessie Hough

(b) Address Oska, Mo.

17. (a) Hough Cemetery (b) Date thereof Mar 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ✓

18. (a) Signature of funeral director E N Stewart

(b) Address L. L. Chan, Mo. 6443

19. (a) Mar. 14-1941 (b) Ms. Vida Lambeth
(Date received local registrar) (Registrar's signature)

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? _____

409 (Specify type of place) _____

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

23. Signature W. Lindsay (M. D. or other) _____
Address Conway Date signed 3-21-41

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

RECEIVED
District Health Officer No. 7,
District File Number #11-665
Date Filed 4/12/44

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

E. N. Stewart, Registered Apprentice No. 1885
working under my personal supervision.

Signed E. N. Stewart
Licensed Embalmer No. 1885
P. O. Address E. N. Stewart

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.