

DEPARTMENT OF COMMERCE **FILED JUN 10 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. **17153**
Registrar's No. **1815**

Registration District No. **399** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson,**
(b) City or town **Kansas City,**
(c) Name of hospital or institution: **St. Joseph Hospital,**
(d) Length of stay: In hospital or institution **Since April 18th**
In this community **as above, 18 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas,** (b) County **999**
(c) City or town **LeRoy,**
(d) Street No. **R. F. D.**
(e) If foreign born, how long in U. S. A.? **2** years.

3. (a) PRINT FULL NAME **Mrs. Maude Russell,**
(b) If veteran, name war **no** (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **6** year **1941** hour **79** minute **9** M.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **M. S. Russell**
6. (c) Age of husband or wife if alive **60** years

21. I hereby certify that I attended the deceased from **April 20**, 1941, to **May 6**, 1941, that I last saw him alive on **May 6**, 1941 and that death occurred on the date and hour stated above.

7. Birth date of deceased **Jan 4 1887**
8. AGE: Years **54** Months **4** Days **2** If less than one day **hr. min.**

Immediate cause of death **acute cardiac failure**
Due to **SIE 57 1/2**

9. Birthplace **Kansas**
10. Usual occupation **Housewife**

Other conditions **man Relics local Region**
Major findings **not removed**
Of operations **at first**

11. Industry or business **at home**
12. Name **Wm. J. Schlichter**
13. Birthplace **Iowa**
14. Maiden name **Nancy Ellen Cooper**
15. Birthplace **Iowa**

PHYSICIAN
Underline the cause to which death should be charged statistically.
4-26-41

16. (a) Informant **M. S. Russell,**
(b) Address **LeRoy, Kansas,**
17. (a) **Removal,** (b) Date thereof **5-6-41**
(c) Place: burial or cremation **LeRoy, Kansas.**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**
19. (a) **May 7, 1941** (b) **M. M. Brown**

While at work? _____ (Specify type of place) _____
Means of injury _____
23. Signature **C. O. Lee** (M. D. or other) _____
Address **1424 Park Blvd** Date signed **5-6-41**

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. 1410

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, fact should be so stated above.