S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17349

Registrar's No. 2011

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital #2 ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-20-40-5-17-41 (Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

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

(d) Street No.: 1811 E. 11th St., 1st fl.
(If rural, give location)

(e) Citizen of foreign country? C (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: William Russ

3. (b) If veteran, name war: Don't Know

3. (c) Social Security No.: Don't Know

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife:

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

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

8. AGE: Years: About 75 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Columbia County (City, town, or county) / Ark. (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: General Hospital #2

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 5-23-'41 (Month) (Day) (Year)

(c) Place: burial or cremation: Kirksville Mo

18. (a) Signature of funeral director: Flynn & Greenstreet

(b) Address: 1819 E 15th

19. (a) May 22-1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17 year 41 hour 4 minute 35 A. M.

21. I hereby certify that I attended the deceased from 12-20- 1940 to 5-17- 1941; that I last saw him alive on 5-17- 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of the Stomach	
Due to: Lues	
Due to: Marked Secondary Anemia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: R. O. Gunner (M. D. or other)

Address: Gen. Hosp. #2 Date signed: 5-7-41

(Licensed Embalmer's Statement on Reverse Side)

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 Edward G. Evans

Licensed Embalmer No. 3836

P. O. Address 1818 15th St K.C.

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

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