

Registration District No. 653 Primary Registration District No. 5871 Registrar's No. 44

1. PLACE OF DEATH:

(a) County Peru  
(b) City or town Braggadocia Mo  
(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

3. (a) PRINT FULL NAME

Samuel James 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 W

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2-21-1878  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Merch

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

12. Name S. J. Russell

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

14. Maiden name Marie Steward

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

16. (a) Informant J. M. Russell

(b) Address Braggadocia

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation Marble

18. (a) Signature of funeral director J. J. ...

(b) Address Canthensville Mo

19. (a) 6/6/41 (b) Paul Kelley

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1941 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from April 27, 1941 to June 3, 1941.  
that I last saw him alive on June 3, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to undetermined

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of 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? \_\_\_\_\_

23. Signature J. W. Phillips  
Address Canthensville, Mo Date signed 6-7-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

7-41-20

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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.....

*Was not Embalmed*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....*J. B. Smith*.....

Licensed Embalmer No. *3900*.....

P. O. Address.....*Caruthersville*.....

**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.**