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FILED JUL 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7-23374

State File No. _____

Registration District No. 651

Primary Registration District No. 5862

Registrar's No. 651

1. PLACE OF DEATH:

(a) County Dwight

(b) City or town Caruthersville

(c) Name of hospital or institution Rural Little Prairie
(If outside city or town limits, write "RURAL" and name of township)

(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 Henry Russell

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race col

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 2-3-1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 3 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

12. Name Henry Russell

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

14. Maiden name Henrietta Underwood

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

16. (a) Informant Henry Russell

(b) Address Caruthersville Mo R 1

17. (a) burial (b) Date thereof 6-1-41
(Burial, cremation, or committal) (Month) (Day) (Year)

(c) Place: burial or cremation Wesleyan Church

18. (a) Signature of funeral director Wesleyan Church

(b) Address Caruthersville Mo

19. (a) June 7, 1941 (b) C. C. Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO

(b) County Dwight

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

(d) Street No. Little Prairie
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31,
year 41 hour 3 AM minute _____ M.

21. I hereby certify that I attended the deceased from May 28, 1941, to May 31, 1941
that I last saw him alive on May 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

measles

Due to I sus this child

Due to my care at my office

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

Major findings: _____

Of operations 75

Of autopsy _____

Duration _____

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? 585

(Specify type of place) _____

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

23. Signature J. B. Luten (M. D. or other) _____

Address Caruthersville Mo Date signed 6-7-41

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

7-41-15-

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 *H. B. Smith*

Licensed Embalmer No. *3900*

P. O. Address *Casutherville*

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.