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4-41
17-39
X28

AUG 7 1941 7:00

Primary Registration District No. 6249

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Union Township-Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 1
(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) State _____ (b) County _____ 84

(c) City or town _____ (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____ 0

3. (a) PRINT FULL NAME LEMER RUSSEL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1941 hour _____ minute 30 M.

4. Sex female / race white / 5. Color or white

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

6. (b) Name of husband or wife L.O. Russell / 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased June 22 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1941 to July 19 1941
that I last saw h. or alive on May 15 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis

8. AGE: Years 48 Months _____ Days 27 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

10. Usual occupation H-W

11. Industry or business _____

MOTHER FATHER { 12. Name John Stephens

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

14. Maiden name Caro Smith

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant L.O. Russell

(b) Address Aldrich Mo.

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Bridge

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? _____

18. (a) Signature of funeral director W. S. Stephens

(b) Address Polk Mo.

19. (a) July 25-41 (b) Wm. Miller (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature W. S. Stephens (M. D. or other) 0

Address Aldrich Mo. Date signed 7/27/41

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

NOV 5 1947

RECEIVED

District Health Officer No. 7,

District File Number

8-41-1248

Date Filed

8-6-41

AUG 29 1947

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

Frank Grable Jr.

Licensed Embalmer No.

7140

P. O. Address

Bolivar Mo

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.

Registration District No. 700

Primary Registration District No. 6249

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Union Sup Rural
(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) State Mo County Polk

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes of No)
If yes, name country _____

3. (a) PRINT FULL NAME Lemer Russel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 30 Year 1941 Hour 10:00 Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him/her alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, M

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

Immediate cause of death _____

Due to _____

Due to _____

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

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) Burial (b) Date thereof July 30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) July 31, 1941 (b) Cyna Miller
(Date received by Registrar) (Registrar's signature)

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)

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

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTARY

