

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34925**
Registrar's No. **845**

FILLED NOV 3 1941

Registration District No. **318** Primary Registration District No. **2001**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Johns Hospital**
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution **9 hours**
In this community **8 yrs**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Springfield** **2**
(If outside city or town limits, write "RURAL") **6**
(d) Street No. **902 N. Main** **0**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **21st**
year **1941** hour **11:30** minute **P.M.**
21. I hereby certify that I attended the deceased from **Oct. 19** 19**41** to **Oct. 21** 19**41**
that I last saw him alive on **Oct. 21** 19**41**
and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Thrombosis** Duration **1 day**

3. (a) PRINT FULL NAME **John M. McClellan Russell**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **MD** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Miss Elizabeth Russell** 6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **June** (Month) **5** (Day) **1865** (Year)

8. AGE: Years **76** Months **4** Days **16** If less than one day hr. min.

9. Birthplace **Lewisburg Pa** (City, town, or county) (State or foreign country)

10. Usual occupation **Railroad Conductor Retired**

11. Industry or business **Rock Island Railroad**

12. Name **Franklin H. Russell**

13. Birthplace **Unknown Pa** (City, town, or county) (State or foreign country)

14. Maiden name **Amanda Brackett**

15. Birthplace **Unknown Pa** (City, town, or county) (State or foreign country)

16. (a) Informant **Glen Russell**

(b) Address **Garnett Kansas**

17. (a) **Removal** (b) Date thereof **Oct 23-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Garnett Kansas**

18. (a) Signature of funeral director **Fred C. Thomas**

(b) Address **1100 Boonville Ave.**

19. (a) **10-23-41** (b) **W. E. Handley MD**
(Date received local registrar) (Registrar's signature)

Due to _____
Due to **940**
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?
While at work? (Specify type of place) _____ (e) Means of injury _____
23. Signature **Gene W. Farthing** (M. D. or ~~other~~) **D**
Address **512 Mid City Bldg** Date signed **Oct 22**

(Licensed Embalmers' Statement on Reverse Side) **Springfield, Mo. 2, 1941**

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

39
2
6

NOV 5 1941

NOV 12 1941

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. *3681*

P. O. Address..... *Spfld. Ma.*

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.