

FILLED NOV 21 1941

Registration District No. **384**

Primary Registration District No. **4227**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **HOWELL**
 (b) City or town **WEST PLAINS, MISSOURI**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
BOND STREET NEAR AMERICAN LEGION FIELD
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **No.** (Specify whether years, months or days)
 In this community **ONE DAY** /

3. (a) PRINT FULL NAME **WILLIAM RUSSELL**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

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

7. Birth date of deceased **NOVEMBER 15, 1868**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 10 7 hr. min.

9. Birthplace **DECATUR, ILL.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business _____

12. Name **MART RUSSELL**

13. Birthplace **UNKNOWN** 9
 (City, town, or county) (State or foreign country)

14. Maiden name **JENNIE JACKS**

15. Birthplace **UNKNOWN** 9
 (City, town, or county) (State or foreign country)

16. (a) Informant **STELLA Mc DANIEL**

(b) Address **NONE**

17. (a) **BURIAL** (b) Date thereof **SEPT 19, 1941**
 (Burial, cremation, or removal) **HOWELL CO., FARM** (Month) (Day) (Year)

(c) Place: burial or cremation **HOWELL TWP., HOWELL CO., MO.**

18. (a) Signature of funeral director **Hal Floumburg**

(b) Address **WEST PLAINS, MO.**

19. (a) **9-19-41** (b) **Vida W SIMONS**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **NONE** (b) County **046**
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **SEPTEMBER** day **19**
 year **1941** hour **3** minute **a.** M.

21. I hereby certify that I attended the deceased ~~only~~ **only**
after death--- 19____ to _____ 19____;

that I last saw h_____ alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **was due to** Duration
natural causes---

Due to **apparently an obstruction**
of the bowels.

Due to _____

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

Major findings: _____ **12282** **PHYSICIAN**
 Of operations _____

Of autopsy **NONE** 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 **3**
Acting Coroner

23. Signature **Lester Davis** ~~CONFIDENTIAL~~
 Address **West Plains, Mo.** Date signed _____

34-2 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 11412049

Date Filed _____

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.

Not Embalmed
Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.