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7-39  
X23159

DEC 22 1941  
Registration District No. 399

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. 4427

1. PLACE OF DEATH: Jackson  
 (a) County Jackson  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution 3128 Central  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 58 years (Specify whether years, months or days)  
 In this community 58 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Russell  
 3. (b) If veteran, name war XX  
 3. (c) Social Security No. None

4. Sex Male 0  
 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Margaret A. Russell  
 6. (c) Age of husband or wife if alive years 2  
 7. Birth date of deceased September 2 1854 (Month) (Day) (Year)

8. AGE: Years 87 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Chicago Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Chief Sampler

11. Industry or business Board of Trade

12. Name Archibald Russell

13. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

14. Maiden name Margaret McCune (City, town, or county) (State or foreign country)

15. Birthplace Scotland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ferd M. Miller

(b) Address 3128 Central

17. (a) Burial (b) Date thereof 12-1-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. M. Wagner  
 (b) Address Kansas City, Mo.

19. (a) 11-29-41 (b) M. H. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3128 Central 0 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27th  
 year 1941 hour 10: minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 25 1941  
 to Nov 27 1941 to Nov 27 1941  
 that I last saw him alive on Nov 27 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
 Myocardial Infarction 22 days

Due to a few clots

Due to H.A.

Other conditions (Include pregnancy within 3 months of death)

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

Duration  
 22 days  
 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 Sunday J. Milve (M. D. or other) M.D.  
 Address 132 Pulaski Ave. Date signed 12-29-41

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

MOTHER FATHER

*Chief. 109.*

*V1 - 4238.*

*1:30 to 3 PM.*

**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 *A. R. Haunschild*

Licensed Embalmer No. *4159*

P.O. Address *Ke 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.**