

FILED FEB 11 1949
Registration District No. 1049

Primary Registration District No. 5298

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

1. PLACE OF DEATH:

(a) County McDonald Co.
(b) City or town Parisville, Mo.
(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

3. (a) PRINT FULL NAME JACOB C. RUSSELL

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

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

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

7. Birth date of deceased July 17 - 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jay Russell

13. Birthplace Not known
(City, town, or county) (State or foreign country)

14. Maiden name Not known

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

16. (a) Informant Mr. Clarence Kauter
(b) Address Anderson Mo.

17. (a) Burial (b) Date thereof Dec 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tracy Cemetery

18. (a) Signature of funeral director B. M. Murphy
(b) Address Parisville, Mo.
19. (a) _____ (b) Lee O. Barnell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1941 hour 4 Pm minute _____ M.

21. I hereby certify that I attended the deceased from _____ 1940 to Dec 23 1941; that I last saw him alive on Dec 23 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Stroke Apoplectic
Due to: Hypertension
Due to: _____

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

Major findings: 83
Of operations: _____
Of autopsy: _____

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 Lee O. Barnell (M. D. or other) _____
Address Parisville Date signed _____

RECEIVED

District Health Officer No. 6,

District File Number 242-154

Date Filed FEB 5 1942

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.....

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, above space should be left blank.