

FILED MAR 9 1942
Registration District No. 18425

Primary Registration District No. 6162

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural - Washington
(c) Name of hospital or institution:
State Hosp # 32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 months 4 days
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Richards
(If outside city or town limit write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 1942 hour 8 minute 45 AM.
21. I hereby certify that I attended the deceased from March
18, 1941, to Feb. 22, 1942
that I last saw him alive on Feb. 21, 1942
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Maggie J Russell

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased: April 16 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 6 If less than one day hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Charles Russell

13. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Melba Louise

15. Birthplace 1 Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Reed

(b) Address _____

17. (a) Burial (b) Date thereof 2/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Liberty Cemetery

18. (a) Signature of funeral director Wm. Federal

(b) Address Madison Mo

19. (a) 2/23/42 (b) Allen J. Hayes
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Coronary occlusion

Due to Generalized atherosclerosis

Due to _____

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

Major findings: Of operations G4a

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 Wm. J. Colman (M. D. or other) _____

Address Madison Date signed 4/22/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8
00

RECEIVED

District Health Officer No. 7,

District File Number 3-42-203

Date Filed 3-6-42

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 Allen V. Kays
Licensed Embalmer No. 1968
P. O. Address Nevada 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, above space should be left blank.