

FILED MAR 16 1942

Registration District No. **988**

Primary Registration District No. **6807**

1. PLACE OF DEATH:

(a) County **Webster**
(b) City or town **Nianqua Twp**
(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 **X**
In this community **15 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Webster 1/2**
(c) City or town **Nianqua**
(If outside city or town limits, write "RURAL")
(d) Street No. **X** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **27**
year **1942** hour **8** minute **A.M.**

21. I hereby certify that I attended the deceased from **Feb-14** to **Feb 27** 19**42**
that I last saw him alive on **Feb 27** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Right Lobar Pneumonia fever**

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: **108**
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? _____
(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 **W J Bernick** (M. D. or other)
Address **Springwood** Date signed **3/4/42**

3. (a) PRINT FULL NAME **Mattie Jane Ford Russell**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Milton B. Russell** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **July 16 - 1861**
(Month) (Day) (Year)

8. AGE: Years **80** Months **7** Days **11** If less than one day **X** hr. **X** min.

9. Birthplace **Murray Co. - Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Wallen Ford**

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

14. Maiden name **Esther Carson**

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

16. (a) Informant **Mrs. Ida Delk**

(b) Address **Grove Spring**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Feb. 28, 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Shady**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Marshfield, Missouri**

19. (a) **3/4/42** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

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

RECEIVED

District Health Officer No. 6,

District File Number 342-383

Date Filed MAR 13 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. 3312

P. O. Address Marshfield

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.