

No. 2
9-4-41
5-17-39
K29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9766

State File No.

Registrar's No. **1513**

APR 25 1942
Registration District No.

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether unk.)

In this community unk.
years, months or unk.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson ⁰⁴⁸

(c) City or town K.C. ³
(If outside city or town limits, write "RURAL") ⁸

(d) Street No. 1825 Prospect
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country unk.

3. (a) PRINT FULL NAME RUSSELL MEANS

3. (b) If veteran, name war 2

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15 year 42
hour unk. minute unk. M. unk.

4. Sex male 5. Color or race wh

6. (a) Single, widowed, married, divorced divorced

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

7. Birth date of deceased July 29 - 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 7 1941 to 4-15-42 1942
that I was alive on 4-15-42 and that death occurred on the date and hour stated above.

Immediate cause of death: 10-20-30 Burns

8. AGE: Years 49 Months 5 Days 8 If less than one day 16 hr. unk. min. unk.

9. Birthplace W. Va
(City, town or county) (State or foreign country)

Duration unk.

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

PHYSICIAN unk.
Underline the cause to which death should be charged statistically.

10. Usual occupation Yaharer

11. Industry or business Lumber Truck driver

12. Name unknown

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

14. Maiden name unknown

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

Major findings: unk.

Of operations unk.

Of autopsy unk.

16. (a) Informant Mrs Leona Baker

(b) Address 3002 Poplar

17. (a) Buried (b) Date thereof 4-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys

18. (a) Signature of funeral director G. S. Walters

(b) Address unk.

19. (a) Apr 16 1942 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 3-29-42

(c) Where did injury occur? K.C.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? unk.

While at work? unk. (Specify type of place) (a) Means of injury unk.

23. Signature unk. (M. D. or other) unk.

Address K.C. Mo. Date signed unk.

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

MOTHER FATHER

P

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(Licensed Embalmer's Statement on Reverse Side)

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.....

J. S. Walton

Licensed Embalmer No.

2744

P. O. Address.....

Hamlet, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9766

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1513

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

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Jackson city
 (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 Russell Means
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased July 29 1893
 (Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 10 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 4/16/42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____ (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day _____ year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ 19____; that I saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above.
 Immediate cause of death _____

20-20-30 burns
 Due to _____
 Due to _____
 Other conditions _____ (Include pregnancy within 3 months of death)

181-1-35
 Major findings: _____
 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) Accident
 (b) Date of occurrence 4-15-42
 (c) Where did injury occur? 1725 Prospect (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place - At work.
 While at work? Yes (Specify type of place) (e) Means of injury Burns
 23. Signature Dr. Victor B. Buhler (M. D. or other)
 Address _____ Date signed _____

