

FILED MAY 8 1942

Registration District No. 260

Primary Registration District No. 4024

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Lamar  
(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 years, months or days) 14 Years

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Lamar  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Virgil Russell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male ( ) 5. Color or race W.

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

6. (b) Name of husband or wife Savana Russell 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov. 5 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 5 12 hr. min.

9. Birthplace Pickens Co. / Georgia  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Lumberman

11. Industry or business Retired

MOTHER FATHER { 12. Name John Russell

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

14. Maiden name Cynthia McArthur

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

16. (a) Informant George Russell  
(b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof 4-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cem.

18. (a) Signature of funeral director River Funeral Home  
(b) Address Lamar, Mo.

19. (a) 4-17-42 (b) Martha River  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17<sup>th</sup>  
year 1942 hour 12 minute 40 P.

21. I hereby certify that I attended the deceased from April 11 1942, to April 17 1942, that I last saw him alive on April 17 1942 and that death occurred on the date and hour stated above.

Immediate cause of death  
Bronchopneumonia  
Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to 107

Other conditions arterial Hypertension  
(Include pregnancy within 3 months of death) 9 months

PHYSICIAN \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

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 Herbert T. Bickel (M. D. or other) MD  
Address Lamar, Mo. Date signed Apr 17 1942

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

6  
1  
1

RECEIVED

District Health Officer No. 6,

District File Number 542-628

Date Filed MAY 6 1942

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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..... *Eugene Wood* .....

Licensed Embalmer No. 3824 .....

P. O. Address Lamar, 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.