

FILED MAY 20 1942

State File No. \_\_\_\_\_

Registration District No. 73

Primary Registration District No. 3006-5118

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
500 N. 47th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 16 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME CLEO-RUSSELL

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

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Dorsey Russell 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased 5-22-1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 10 23 hr. \_\_\_\_\_ min.

9. Birthplace Mount Pleasant, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Lennis Page  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Thelma Young  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorsey Russell  
(b) Address Columbia Missouri

17. (a) Burial (b) Date thereof 4-18-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stuart S. Parker  
(b) Address Columbia Missouri

19. (a) 4-17-42 (b) Edna H. Barber  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Columbia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 500 N. 47th St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15  
year 1942 hour 10:25 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Apr 6, 1942, to Apr 15, 1942  
that I last saw her alive on Apr 15 - 1942, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardia - on Junt

Due to High Blood Pressure  
Hypertensia

Other conditions Chronic Nephritis -  
(Include pregnancy within 3 months of death)  
menopausa

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1218

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 W.R. [unclear] (M. D. or other) U  
Address 106 N 1st Date signed 4/17-42

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

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

10  
2  
4

#P

**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

*Stuart P. Parker*

Licensed Embalmer No.

*2900*

P. O. Address

*Columbia 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.**