

FILED JUN 18 1942

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 499

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1014 Sylvania Street, D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 64 yrs. 4 mos. 13 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1014 Sylvania Street,
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Jesse William Russell,

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

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced, Married,

6. (b) Name of husband or wife Maude Russell, 6. (c) Age of husband or wife if alive 48.0 years

7. Birth date of deceased January 1st, 1878,
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 13 If less than one day
64 hr. _____ min.

9. Birthplace Saint Joseph, Missouri, D
(City, town, or county) (State or foreign country)

10. Usual occupation Barber,

11. Industry or business Barber Shop

12. Name James F. Russell,

13. Birthplace Morgan County, Ohio, 1
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ellen Shepherd,

15. Birthplace Rock Island, Illinois, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma Russell
(b) Address 1014 Sylvania Street,

17. (a) Burial (b) Date thereof 5/16/42,
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah, Mo.

18. (a) Signature of funeral director W. H. ...
(b) Address 319 So. 10th. Street, Home

19. (a) 5-15-42 (b) Rose Herzog.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th.
year 1942 hour 6:00 minute 30a. M.

21. I hereby certify that I viewed the deceased from on
May 14th, 1942 to _____, 19____;
that I last saw _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day
Due to Angina Pectoris 2 weeks
Due to Arteriosclerosis (Gen) 1 yr

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 940
Of autopsy no

Duration

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? _____ (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 H. F. Mundy (M. D. or other) Coroner
Address 404 So 3d St, Date signed 5/14/42

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

11
1
7

MOTHER FATHER

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 5-14-42
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm E Jammer

Licensed Embalmer No. 3007

P. O. Address 3195 010 Memphis 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.