

FILED JUN 8 1942
854

State File No. _____
Registrar's No. 22

Registration District No. _____ Primary Registration District No. 4130

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

1. PLACE OF DEATH:

(a) County: TANEY

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

(c) Name of hospital or institution: 1 Oliver Suggs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____
(Specify whether)

In this community: 55 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: TANEY

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

(d) Street No.: MT. BRANSON
(If rural, give location)

(e) Citizen of foreign country? N/O (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: MARTHA JANE RUSSELL

3. (b) If veteran, name war: _____ 3. (c) Social Security No.: _____

4. Sex: FEMALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: CHARLES ROY RUSSELL 6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: APRIL 5 1877
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month: MAY day: 14
year: 1942 hour: 10 minute: _____ A.M.

21. I hereby certify that I attended the deceased from MARCH 26 1942 to MAY 14 1942
that I last saw her alive on MAY 14 1942
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>1</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death: CHRONIC MYOCARDITIS

Due to: DROPSY 1938

Due to: _____

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

9. Birthplace: CARROLL COUNTY, ARKANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation: HOUSE WIFE

Major findings: _____
Of operations: _____

Of autopsy: _____

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

11. Industry or business: _____

MOTHER FATHER { 12. Name: JOHN TAYLOR THOMASON

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

14. Maiden name: MARION LEE

15. Birthplace: NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant: CHARLES ROY RUSSELL

(b) Address: BRANSON, MO

17. (a) BURIAL (b) Date thereof: MAY 15 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: BRANSON, MO

18. (a) Signature of funeral director: Thurmond A. Helchel

(b) Address: Branson

19. (a) MAY 25 42 (b) MARY MULLEN
(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): _____

(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)

Means of injury: _____

23. Signature: Paul E. Roberts (M.D. or other) D.O.

Address: Branson, Mo Date signed: 5/14/42

RECEIVED

District Health Officer No. 6,

District File Number 642-763

Date Filed JUN 5 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 Miriam L. Welchel

Licensed Embalmer No. 2277

P. O. Address Brunson 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.