S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20430

FILED JUL 9 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2532

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
2512 Chestnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 2 years and 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2512 Chestnut 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rosa Russell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col

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

6. (b) Name of husband or wife John Russell

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased October (Month) 2, (Day) 1869 (Year)

8. AGE: Years 72 Months 9 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) At Home Missouri (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Elisha Hickox
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sallie Latham
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John Russell
(b) Address 2512 Chestnut

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/3-42. (Month) (Day) (Year)
(c) Place: burial or cremation California, Mo.

18. (a) Signature of funeral director Hatkins Bros.
(b) Address 1729 Lydia

19. (a) 7-3-42 (Date received local registrar) (b) M. M. Conover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1942 hour 4 minute 40 A. M.

21. I hereby certify that I attended the deceased from 3/19/, 1941 to 7/2/, 1942
that I last saw her alive on 7/1/, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hem
Orchage — apoplexy. Duration 18 mo.

Due to Chr mephritic hypertension

Due to 131 B

Other conditions
(Include pregnancy within 3 months of death)

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: no

(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?
(Specify type of place)

While at work? (e) Means of injury

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

Address 213 Fe 24th Date signed 7/2/42

561

(Licensed Embalmer's Statement on Reverse Side)

Caldwell.

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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.