

S. No. 2  
M-5-42  
7-5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26489

State File No. ....

Registration District No. 149

FILED SEP 11 1942  
Registration District No. 1002

Registrar's No. 3239

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: Reserve Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Burr Russell  
3. (b) If veteran, name war no war  
3. (c) Social Security No. none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband or wife unk  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec 17  
(Month) (Day) (Year) 1863

8. AGE: Years 78 Months 8 Days 13  
If less than one day hr. min.

9. Birthplace Mt. Gilead Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Lumberman  
11. Industry or business retired

MOTHER FATHER  
12. Name Robt. T. Russell  
13. Birthplace Hesper Ferry Va  
(City, town, or county) (State or foreign country)  
14. Maiden name Hannah Goodley  
15. Birthplace Va  
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Sifers  
(b) Address 5716 Wyanflotte  
17. (a) Burial (b) Date thereof Oct 2, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Guarland Cemetery

18. (a) Signature of funeral director Edmund Howard  
(b) Address Cameron  
19. (a) 8-30-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City, Cameron  
(If outside city or town limits, write "RURAL")  
(d) Street No. Reserve  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 1  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH August 30  
year 1942 hour 5:55 P minute 55 P M.  
21. I hereby certify that I attended the deceased from Aug 27  
to Aug 30, 1942  
that I last saw him alive on Aug 30  
and that death occurred on the date and hour stated above.

Immature cause of death Myocardial infarction  
Myocardial infarction  
Due to Myocardial infarction  
Due to Myocardial infarction  
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:  
(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 Dr. J. H. ...  
Address ... Date signed ...

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

DEC 9 1932

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**