

V. S. No. 2  
DM-1-4-41  
Rev. 5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35031

State File No.

Registrar's No.

FILED NOV 6 1943 X 9  
Registration District No.

Primary Registration District No.

6187

1. PLACE OF DEATH:

- (a) County Sullivan  
(b) City or town Rural  
(c) Name of hospital or institution 1 Western Trust  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME EARL Edwin Russell

3. (b) If veteran, name war V  
3. (c) Social Security No. 488-24-8554

4. Sex Male 5. Color or race white  
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 16 years  
7. Birth date of deceased July 16 - 1917  
(Month) (Day) (Year)

8. AGE: Years 25 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Sullivan Co. Mo. O  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmers

11. Industry or business on farm

12. Name John Russell

13. Birthplace Sullivan Co. Mo. O  
(City, town, or county) (State or foreign country)

14. Maiden name Lena Spray

15. Birthplace Sullivan Co. Mo. O  
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Lena Russell

(b) Address Green City

17. (a) Burial (b) Date thereof Oct 11 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green City

18. (a) Signature of funeral director Wm. E. Fent & Son

(b) Address Green City, Mo.

19. (a) 11-2-43 (b) Vincent Davidson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Sullivan  
(c) City or town rural (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Oct, day 11, year 1943, hour 1, minute P. M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw h alive or and that death occurred on the date and hour stated above.

Immediate cause of death Death message due to gunshot wound in left eye struck by 12 gauge shotgun  
Due to 12 gauge shotgun

Other conditions 164C  
(Include pregnancy within 3 months of death)

Major findings: Of operations 164C

Of autopsy 0

22. If death was due to external causes, fill in the following: accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Oct 11 1943

(c) Where did injury occur? Green City, Sullivan, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home in Peckham  
(Specify type of place)

While at work? Shooting (e) Means of injury 12 gauge shotgun

23. Signature Dr. B. J. Fent (M.D. or other) Dr. Fent

Address Peckham, Mo. Date signed 10-11-43

(Licensed Embalmer's Statement on Reverse Side)

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

105  
0  
0

1213

JUL 18 1944

RECEIVED

District Health Officer No. 10

District File Number 11-42-1968

Date Filed NOV - 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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.