

FILED DEC 11 1942

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 122

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution:  
State Hospital No 32  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years 7 months  
(Specify whether years, months or days) 22 day

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1328 Penn.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. U.S.A. 0 years

3. (a) PRINT FULL NAME MINNIE-RUSSELL

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

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

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 17 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72 8 - - hr. - min.

9. Birthplace Platte County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business none

12. Name Wilmore Lampton

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

14. Maiden name Sally Robinson

15. Birthplace unknown unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hosp No 3

(b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 11-18-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Occochee Mo.

18. (a) Signature of funeral director Marshall Heringer

(b) Address Nevada Mo.

19. (a) Nov. 18, 1942 (b) Elizabeth Breckenridge  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17  
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 26, 1940 to Nov 17, 1942  
that I last saw her alive on Nov 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Coronary Arteriosclerosis

Due to 94%

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: none

Of operations: none

Of autopsy: none

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) no

(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 Paul L. Barone (M. D. or other)

Address State Hosp No 3 Date signed Nov 17,

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

108  
2

108  
2

11 285 0317

RECEIVED

District Health Officer No. 71

District File Number 12-42-1321

Date Filed 12-9-42

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 Mark C. Eubank  
Licensed Embalmer No. 23656  
P. O. Address Newark, 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, above space should be left blank.