

FILED MAR 6 1943
Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 116

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution 1525 E. Blain
(d) Length of stay: In hospital or institution 1 Mo. 4 DAYS
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(d) Street No. 1525 E. Blain
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME THOMAS ELBERT RUSSELL

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. No

20. DATE OF DEATH: Month Feb. day 7th year 1943 hour 12:30 minute P.M.

4. Sex Male 5. Color of hair White 6. (a) Single, widowed, married, divorced, or separated Single
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased Jan 3-1943

21. I hereby certify that I attended the deceased from birth and that death occurred on the date and hour stated above.

8. AGE: Years 10 Months 4 Days If less than one day hr. min.

Immediate cause of death Acute Broncho-Pneumonia Duration 1 Day

9. Birthplace Springfield Mo.

Due to Diagnosis made from history given by the father & mother.

10. Usual occupation Infant

Other conditions (Include pregnancy within 5 months of death)

11. Industry or business Infant

Major findings: Of operations none

12. Name Thomas R. Russell

107

13. Birthplace Springfield Mo.

107

14. Maiden name Martha Belle Garratt

autopsy none held

15. Birthplace Springfield Mo.

22. If death was due to external causes, fill in the following:

16. (a) Informant Thomas R. Russell

(a) Accident, suicide, or homicide (specify)

(b) Address 1525 E. Blain

(b) Date of occurrence

17. (a) Burial (b) Date thereof 2-9-43

(c) Where did injury occur?

(c) Place: burial or cremation Mt. Pleasant

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of general director J. W. Handley

23. Signature Charles H. [Signature] (M.D.)

(b) Address Springfield Mo. 2-7-1943

Address Ash Grove Date signed 2-7-1943

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

629

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

Roy A. Baum

Licensed Embalmer No. *1763*

P. O. Address

Springfield 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.

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