

See also 15075-43

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11032

ED APR 9 1943
Registration District No. 270

Primary Registration District No. 3050

Registrar's No. 15

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

1. PLACE OF DEATH:

(a) County Jemiscot

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jemiscot

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

(d) Street No. 1206 Walker
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Ludie Russell

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-16-6484

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28th
year 1943 hour 3:30 minute _____ P. M.

4. Female 5. Color of hair White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Chas Russell 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 12 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 20, 1943 to February 28, 1943;
that I last saw her alive on February 28, 1943;
and that death occurred on the date and hour stated above.

8. AGE: Years 32 Months 11 Days 10
If less than one day _____ hr. _____ min.

Immediate cause of death Lobar Pneumonia Duration 8 days

9. Birthplace Sardis Tenn (City, town, or county) (State or foreign country)

Due to Influenza.

10. Usual occupation Shoe factory worker

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name Jim Huchaba

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

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Robert L Snodgrass

(b) Address Canthersville, Mo

17. (a) Personal & Burial (b) Date thereof March 2 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millersville Tenn

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 [Signature] (M. D. or other) _____
Address Canthersville, Mo. Date signed 3/1/43

3-43-172

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.....

John W. German

Registered Apprentice No. *344*

working under my personal supervision.

Signed

Joe R. Stovall

Licensed Embalmer No. *2108*

P. O. Address *Blytheville*

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.