V. S. No. 2
50M—5-42
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Duplicate of 11032-43 Dr Phipps

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15075

State File No.

FILED MAY 10 1943

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 22

78 1 2

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville
(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)
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pemiscot
(c) City or town Caruthersville, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1206 Walker
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Ludie Russell

3. (b) If veteran, name war

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

4. Sex Female | 5. Color or race W | 6. (a) Single, widowed, married, divorced separated

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

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March (Month) 18 (Day) 1910 (Year)

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

9. Birthplace Bardis Penn (City, town, or county) (State or foreign country)

10. Usual occupation Shoe factory worker

11. Industry or business

FATHER
12. Name Jim Hucksbee
13. Birthplace Penn (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Robert E. Snodgrass
(b) Address Caruthersville Mo

17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof 3 2 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mooledgeville Penn

18. (a) Signature of funeral director German Hutt Co
(b) Address Steele, Mo

19. (a) 4-21-1943 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

1206 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28
year 1943 hour 1 minute 55 P. M.

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

Immediate cause of death
1 Lobar Pneumonia

Due to

Due to

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature G. W. Phipps (M. D. or other)
Address Caruthersville Date signed 4/6/43

4-43-197

S-11032

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 Lemmon, Registered Apprentice No. ....., working under my personal supervision.

Signed Jas. R. Stovall

Licensed Embalmer No. 3100

P. O. Address Blythmide Ark

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.