MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

FILED JUN 8 1943

17622
Do not use this space.

1. PLACE OF DEATH
(a) County Clark
(b) Township Union
or
(c) City
Registration District No. 70
Primary Registration District No. 5283
Registered No. 44
(d) Street No. , St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Virgel ~~Russle~~ Russell
(a) Residence, No. Clark Co Mo Rural St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 0

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ruby Russle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: 36 YEARS; 9 MONTHS; 9 DAYS; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) May 1943
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona Mo Shanon Co

FATHER
13. NAME Hawley Russle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Dont Know~~ 9

MOTHER
15. MAIDEN NAME Idabell Stark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know 9

17. INFORMANT Ruth Winters
(ADDRESS) Lawrassip Mo.
18. BURIAL, CREMATION, OR REMOVAL Mt Zion Cemetry Shanon Co
PLACE DATE May 18 1943
19. FUNERAL DIRECTOR (NAME) Gertie Barkett
(ADDRESS) Wyaconda Mo.
20. FILED 5-17- 1943 Perry L. Borton
Local Registrar.
1073

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1943
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned To Death	
~~Residence Burned~~	
~~Probably Lightening~~	
	1921
Other contributory causes of importance:	99

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify ..... Coroner
(Signed) J. L. McConnel, M. D.
(Address) Revere Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X16505

RECEIVED
District Health Officer No. 10
District File Number 6-43-987
Date Filed JUN 7 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.