

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

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FILED JUN 11 1949
Registration District No. 254

Primary Registration District No. 5860 4386

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Thayer Big Apple Twsp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Thayer (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen Rose Russell

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Dennis Russell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 17 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 1 19 hr. min.

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

10. Usual occupation Domestic

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Vesta Williams
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cy Madden
(b) Address Thayer, Mo.
17. (a) Burial (b) Date thereof 4/7/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Two Mile Cem.
18. (a) Signature of funeral director Geo. Carr
(b) Address Thayer, Mo.
19. (a) 5-8-43 (b) Jae D. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1943 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 1
1943 to April 6 19 43
that I last saw him alive on April 5 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Athema

Due to _____
Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Thayer, Mo. Date signed 5-1-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1112

RECEIVED

District Health Officer No 5,

District File Number 643371

Date Filed 6-8-43

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, fact should be so stated above.