

Registration District No. **174**

Primary Registration District No. **3035**

1. PLACE OF DEATH:

(a) County: **Lafayette**
(b) City or town: **Lexington**
(c) Name of hospital or institution: **Nil**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **Lifetime** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Lafayette**
(c) City or town: **Lexington, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No.: **Clinton St.** (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country: **0**

3. (a) PRINT FULL NAME: **Russell Arlene Coldridge**

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

4. Sex: **Male** 5. Color or race: **Col.** 6. (a) Single, widowed, married, divorced: **Child**

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **Feb. 11, 1932**
(Month) (Day) (Year)

8. AGE: Years: **11** Months: **5** Days: **1** If less than one day: _____ hr. _____ min.

9. Birthplace: **Lexington, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Nil**

11. Industry or business: **Nil**

12. Name: **Leon Coldridge**

13. Birthplace: **Lexington, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Bessie Campbell**

15. Birthplace: **Lexington, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Rozetta C. Bell**

(b) Address: **Lexington, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **7-24-1943**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Lexington, Mo.**

18. (a) Signature of funeral director: **Green & Sons**

(b) Address: **Lexington, Mo.**

19. (a) **Aug. 10, 1943** (Date received local registrar) **Mrs. P. Schwab** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **July** Day: **12** Year: **1949** Hour: **12:40** Minute: **0** M.

21. I hereby certify that I attended the deceased from **Jan 2**, 19**49**, to **July 1st**, 19**49**; that I last saw him alive on **July 1st**, 19**49**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Cancer of quail**
of Lymphom -

Due to: **Cerebellar Atrophia**
cause undetermined.

Due to: _____

Other conditions: **87x3**
(Include pregnancy within 3 months of death)

Major findings: Of operations: _____

Of autopsy: **not held.**

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) (e) Means of injury: _____

23. Signature: **P. Schwab** (M. D. or other)

Address: **Lexington, Mo.** Date signed: **8/9/43**

Duration: **6 mth**

Dec 1/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
DISTRICT HEALTH OFFICER

District Health Officer No. 6,

District File Number.....

Date Filed 8-28-43

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.....

William Nunley

Licensed Embalmer No. 3105

P. O. Address.....

Lexington, 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.