

Registration District No. 1944

Primary Registration District No. 5418

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Dunklin.

(b) City or town Rural Cotton Hill Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Malden Army Air Field.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None.
(Specify whether years, months or days)

In this community Three Months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

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

(d) Street No. Malden Army Air Base.
(If rural, give location)

(e) Citizen of foreign country? YES. NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Elizabeth Russell

3. (b) If veteran, name war No. _____ 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William H. Russell 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased October 25 1864
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|----------|----------------------|
| | <u>79</u> | <u>1</u> | <u>2</u> | hr. _____ min. _____ |

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

10. Usual occupation Retired Housewife

11. Industry or business None.

12. Name Burhl Striclen

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

14. Maiden name Emaline Benson.

15. Birthplace Gillis Mills. Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Henry C. Russell.

(b) Address M. A. A. F. Malden, Mo.

17. (a) Burial. (b) Date thereof 11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Cemetery

18. (a) Signature of funeral director Day Funeral Home.

(b) Address Malden, Mo.

19. (a) 11-28-43 (b) M. D. Elder
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27 th. year 1943. hour 11 minute 48 P.M.

21. I hereby certify that I attended the deceased from Oct 30 43 1943 to Oct. 27 1943 1943

that I last saw h.c.v. alive on Oct. 27 1943

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Arterial Hypertension

Due to Arteriosclerosis

Other conditions 97
(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) (e) Means of injury _____

23. Signature Harold T. Korman (M. D. or other) M.D.
Address M.A.A.F. Malden, Mo. Date signed 11/28/43

Duration _____

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 Office No. 2,

District File Number 1243-1506

Date Filed 12-6-43

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.....

J. G. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden.

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.