

FILED DEC 13 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38  
Registrar's No. 93

Registration District No. 153

Primary Registration District No. 3127

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

19  
6  
2

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City

(c) Name of hospital or institution: Jane Chinn Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Stones Corner  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Nellie E. Russell

3. (b) If veteran, name war. no  
3. (c) Social Security No. none

4. Sex F.  
5. Color or race W.  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife widowed  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased August 10, 1868  
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-------|--------|------|----------------------|
| 75    | 2      | 1    | hr. min.             |

9. Birthplace no data Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Albert Sims

13. Birthplace no data England  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Powell

15. Birthplace no data  
(City, town, or county) (State or foreign country)

16. (a) Informant Dau. Mrs. K. Robison

(b) Address Webb City, Mo.

17. (a) burial (b) Date thereof 11/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Nedje Nelson

(b) Address Webb City, Missouri

19. (a) Nov 13, 1943 (b) Madellie Eagle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11  
year 1943 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from Oct - 11, 1943, to Nov. 11, 1943  
that I last saw him alive on Nov - 11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage.

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy

Duration  
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?

While at work? (Specify type of work)  
23. Signature Madellie Eagle (M. D. or other)  
Address 205 W. Broadway Date signed 11-13-43

Webb City Mo

43-4-1001

**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 *E. H. Hedge*  
Licensed Embalmer No. 2859  
P. O. Address *Hedge*

**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.**