

FILED FEB 14 1944

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
619 So. Main st. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 75 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson
(If outside city or town limits, write "RURAL")
(d) Street No.: 619 South Main
(If rural, give location)
(e) Citizen of foreign country? → (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

James Russell

3. (b) If veteran, name war →

3. (c) Social Security No. →

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced Single Wid
6. (b) Name of husband or wife Lois Russell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 17 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Buchanan Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Tipton Russell
13. Birthplace Dont Know '9
(City, town, or county) (State or foreign country)
14. Maiden name Rose Russell
15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Russell
(b) Address 619 South Main

17. (a) Burial (b) Date thereof 1-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Independence Mo

18. (a) Signature of funeral director W. E. Mitchell
(b) Address 30 N. 9th St. Independence Mo

19. (a) 1-13-1944 (b) James Russell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13, year 1944 hour 9:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 9, 1944 to Jan 13, 1944 that I last saw him alive on Jan 13, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
Duration 3 days

Due to _____

Due to 940

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

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 James Russell (M. D. or other) _____
Address Independence Mo Date signed 1/13/44

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

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 Me

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Enders, 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.