

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10105

State File No. _____

Registrar's No. 1572

FILED APR 15 1944
Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson Co.
(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3322 Wabash 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 3 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Jackson City
(If outside city or town limits, write "RURAL")
(d) Street No. 3322 Wabash (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel E. Russell

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

4. Sex M. 5. Color or race W. 6. (a) Single divorced married married

6. (b) Name of husband or wife Minerva Russell 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased May-1-1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 6 If less than one day hr. min.

9. Birthplace Belmont Co. Ohio
(City, town or county) (State or foreign country)

10. Usual occupation Retired stockman

11. Industry or business _____

12. Name Wesley - Russell

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

14. Maiden name Stout

15. Birthplace East Union
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Minerva Russell

(b) Address 3322 Wabash

17. (a) Belmont (b) Date thereof 4-8-44
(Barial, cremation or entombment) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont

18. (a) Signature of funeral director John J. Brown

(b) Address Jackson City

19. (a) 4-8-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7 year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 2, 1944 to April 7, 1944
that I last saw him alive on April 6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 5 days

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) (e) Manner of injury _____

23. Signature James H. Davis (M. D. or other) _____

Address 201 Plaza Theater Bldg Date signed 4-8-44

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

1944-41-7

1858-5-1

85-11-6

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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. 31357

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.