

FILED MAY 20 1944

Registration District No. 20

Primary Registration District No. 4320

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Palmyra
(c) Name of hospital or institution: 310 West Church
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life time (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Helen Anita Russell

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

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

6. (b) Name of husband or wife John F. Russell 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased August 12 1918
(Month) (Day) (Year)

8. AGE: Years 25 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER
12. Name James Albert Lake
13. Birthplace Monroe City, Missouri
14. Maiden name Elizabeth M Meyer
15. Birthplace Adams County, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Elva Barnes

(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 4/10/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic cemetery Palmyra, Mo.

18. (a) Signature of funeral director Lewis...

(b) Address Palmyra, Missouri

19. (a) 4/19/44 (b) Mrs Margaret Madley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Palmyra
(If outside city or town limits, write "RURAL")
(d) Street No. 310 West Church
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1944 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from February 1944 to April 6 1944
that I last saw her alive on April 5 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Toxicosis anemia Duration

Due to Cirrhosis of liver

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 124 pl
Of autopsy

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 place) (e) Means of injury

28. Signature Mrs Margaret Madley (M. D. assistant)
Address Palmyra, Mo. Date signed April 1944

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.