

Registration District No. **1**

Primary Registration District No. **3000**

1. PLACE OF DEATH:

(a) County **Adair MO**
(b) City or town **Kirksville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Greenum Smith Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 hours**
(Specify whether years, months or days) **all his life**

3. (a) PRINT FULL NAME **Wm Fred Russell**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife **Gragg** 6. (c) Age of husband or wife if alive **Dead** years

7. Birth date of deceased **March 16 1879**
(Month) (Day) (Year)

8. AGE: Years **64** Months **2** Days **17** If less than one day hr. min.

9. Birthplace **Macon Ga MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **with bridge gang**

12. Name **Samuel Russell**

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

14. Maiden name **Elizabeth Carter**

15. Birthplace **Ky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Phonon Russell**

(b) Address **Elmer mo.**

17. (a) **Burial** (b) Date thereof **6-5-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmer mo.**

18. (a) Signature of funeral director **H. H. ...**

(b) Address **Atlanta mo.**

19. (a) **6/16/44** (b) **Dr J. L. Wagner**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Macon 61**
(c) City or town **Elmer mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? **No** (If Yes, name country)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**
year **1944** hour **11** minute **27 P. M.**

21. I hereby certify that I attended the deceased from **June 2 1944**
19 to **June 2 1944**
that I last saw him alive on **June 2 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal obstruction**
(Cause unknown)

Due to **(Died few hrs after seen and was moribund at the time)**

Due to
Other conditions **Cerebrospinal syphilis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **308**
Of autopsy

Duration

3da

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

23. Signature **George E. Grinn** (M. D. or other) **MD**
Address **Kirksville, Missouri** Date signed **6-3-44**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 7-44-1210

Date Filed JUL 7 1944

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.....

H M Broadwing
working under my personal supervision.

Registered Apprentice No.....

Signed H M Broadwing
Licensed Embalmer No. 1750

P. O. Address Atlanta Ga

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.