

V. S. No. 2  
DOM-8-43  
Rev. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21975

FILED JUL 25 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 5718

Registrar's No. 14

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Jane Whit, Mo  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community 56 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Jane Mo 60  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jorec. Russell

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 8  
year 1944 hour 3 minute 2 M.

21. I hereby certify that I attended the deceased from June 8, 1944 to June 8, 1944;

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife W.C. Russell

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 28 1876  
(Month) (Day) (Year)

that I last saw her alive on June 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

68 2 10 hr. 5 min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name J. T. Horner

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

14. Maiden name Mary Hillman

15. Birthplace unknown Ark.  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant W. C. Russell

(b) Address Jane, Mo.

17. (a) Burial (b) Date thereof 6-9-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jane Mo

18. (a) Signature of funeral director Robert Anderson

(b) Address Anderson Mo.

19. (a) 6-9-1944 (b) John Marcus  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Signature W. H. Hottel (M. D. or other) \_\_\_\_\_

(d) Address Pinewill Date signed 6-9-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0000

1200

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 6,  
District File Number 744-790  
Date Filed JUL 13 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 me  
....., Registered Apprentice No. ✓  
working under my personal supervision.

Signed R. E. Cleatham

Licensed Embalmer No. 3913

P. O. Address Anderson, 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.