. S. No. 2
0M—2-43
v. 5-17-39
o I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 24 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23867
State File No.

Registration District No. 799 Primary Registration District No. 1002 Registrar's No. 2912

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1219 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution | (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kan City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1219 Forest 3
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Mary Russell
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex fe | 5. Color or race W | 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased April 25 1891 (Month) (Day) (Year)

8. AGE: Years ~~52~~ 53 | Months 2 | Days 12 | If less than one day ___ hr. ___ min.

9. Birthplace Ky (City, town, or county) | (State or foreign country)
10. Usual occupation Housewife
11. Industry or business None
MOTHER FATHER
12. Name Harry Edrington
13. Birthplace Indiana (City, town, or county) | (State or foreign country)
MOTHER
14. Maiden name Josephine Duncan
15. Birthplace Ky (City, town, or county) | (State or foreign country)
16. (a) Informant Walter Russell
(b) Address 1219 Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery
18. (a) Signature of funeral director Arthur - Mayberry
(b) Address 2315 Linwood
19. (a) 7-13-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 44 hour 10:00 minute a M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h Deputy Coroner, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio sclerotic Heart	
Due to Disease.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 d	

Major findings:
Of operations
Of autopsy Inspection & History

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature A. E. Usher (M. D. or Coroner)
Address 22 McCoy Date signed 7/11/44

(Licensed Embalmer's Statement on Reverse Side)

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 Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address KC 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.