

FILED AUG 2 1944

Registration District No. _____

Primary Registration District No. **4031**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Bates**
(b) City or town **Adrian**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **10 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bates** **7**
(c) City or town **Adrian** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____ **D**

3. (a) PRINT FULL NAME **Minerva E. Russell**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ervin Kile Russell** 6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **Aug 22 1870**
(Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **4** If less than one day hr. _____ min.

9. Birthplace **Lonetree Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Hiram Drake**
13. Birthplace **Dont Know Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Holloway**
15. Birthplace **Dont Know Ia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Earl Russell**
(b) Address **Adrian, Missouri**

17. (a) **Burial** (b) Date thereof **7-28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge - Lonetree**

18. (a) Signature of funeral director **C. Reath & Son**

(b) Address **Adrian, Missouri**

19. (a) **7-26-44** (b) **Blanch Hill**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **26**
year **1944** hour **2 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **April 5**, 19**42**, to **July 26**, 19**44**.
that I last saw her alive on **July 26**, 19**44**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary edema** Duration **1 day**
Due to **Encephalitis** **3 days**

Due to **Epidermoid carcinoma grade I** **15 mo.**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **53** 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? _____

(Specify type of injury) While at work? _____ (e) Means of injury **2**

23. Signature **D. P. Colson** (M. D. or other) **do**
Address **Adrian, Mo.** Date signed **7-26-44**

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

700

1214

RECEIVED
District Health Officer No. 7,
District File Number 7-44-921
Date Filed 8-7-44

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.....

Fred D. Greath Registered Apprentice No.....
working under my personal supervision.

Signed Fred D. Greath

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.