

FILED SEP 14 1944

Registration District No. 154

Primary Registration District No. 2001

State File No. _____

Registrar's No. 411

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community 4 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Washington
(c) City or town Bartlesville
(If outside city or town limits, write "RURAL")
(d) Street No. 519 Myandotte
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 21st
year 1944 hour 6 minute 47 P. M.
21. I hereby certify that I attended the deceased from Aug 17
19 44 to Aug 21 19 44
that I last saw him alive on Aug 21 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death
Adeno-Carcinoma
of Colon.
Duration months?
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Ernest Clifton Russell

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

4. Sex male 5. Color or face white

6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Emma Russell
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 12th, 1906
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman, Dayton Rubber Co.

11. Industry or business Rubber

MOTHER FATHER
12. Name R.S. Russell
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Clara Brumley
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Father: R.S. Russell

(b) Address 507 Shawnee Ave. Bartlesville

17. (a) Removal to (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Bartlesville, Okla.

18. (b) Address Joplin, Mo.
(City, town, or county) (State or foreign country)
19. (a) 8-25-44 (b) Jutunderudholt
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(d) Date of occurrence _____
(e) 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 A.L. Crawford (M. D. number) _____
Address Joplin, Mo. Date signed _____

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

44-9-715

OCT 26 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Cecilia Thombert

Licensed Embalmer No. 3590

P. O. Address *Joplin, 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.