

FILED NOV 13 1944
 Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4321

1. PLACE OF DEATH:

(a) County JACKSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3914 SOUTH BENTON
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 2 YEARS
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
 (c) City or town KANSAS CITY 48
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3914 SOUTH BENTON 3
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR. SAMUEL HOWARD RUSSELL

3. (b) If veteran, name war NO 3. (c) Social Security No. none

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife MRS. Effie Russell Age of husband or wife if alive _____ years
 7. Birth date of deceased JANUARY 29 1872
 (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 27 6 hr. 1 min.

9. Birthplace DANDRIDGE TENNESSEE
 (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business FRISCO R. R.

12. Name SIMEON P. RUSSELL

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

14. Maiden name MARY SMITH

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

16. (a) Informant Mrs. Emma Campbell

(b) Address 3914 South Benton

17. (a) burial (b) Date thereof Oct 28 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral Home

18. (a) Signature of funeral director D. V. Newcomer, son

(b) Address 1401 BRUSH GREEN BLVD

19. (a) 10-27-44 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 25TH
 year 1944 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10-10
 1944 to 10-15 1944
 that I last saw him alive on 10-15-44
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-pneumonia Duration 2 days
ergipelas 5 days
 Other conditions 11:2
 (include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 Where did injury occur? _____ (City or town) (County) (State)
 (c) 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 0
 23. Signature P. M. Brown (M. D. or other)
 Address 1401 SW Blvd Date signed 10-26-44

MOTHER FATHER

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

Dr. P. H. [redacted]
1401. Southwest Blvd.

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 *A. C. Newcomer*
Licensed Embalmer No. *2043*
P. O. Address *A. C. 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.