V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16043

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2008

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. Osteophatic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Davis 31
(c) City or town Altamont Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elsie Russell
3. (b) If veteran, name war mo
3. (c) Social Security No. mo
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife E. L. Russell
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Jan (Month) 15 (Day) 1903 (Year)

8. AGE: Years 42 Months 3 Days 21 If less than one day hr. min.

9. Birthplace Pattonsburg (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Emanuell Stitt
13. Birthplace (City, town, or county) Mo Record (State or foreign country)
MOTHER
14. Maiden name Liza Moore
15. Birthplace (City, town, or county) Mo Record (State or foreign country)
16. (a) Informant E. L. Russell
(b) Address Altamont Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 6-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Altamont Mo
18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 914 Brooklyn K C Mo
19. (a) 5-7-45 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1945 hour 5:15 A.M. minute a M.
21. I hereby certify that I attended the deceased from 4-24, 1945, to 5-6, 1945
that I last saw her alive on 5:15 A.M. 5-6, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia, Lobar	
Due to Hydrothorax	
Due to Nephritis chronic	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 108
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 place)
While at work? (e) Means of injury
23. Signature R. V. Culp D. O. (M. D. or other)
Address 926 Est 11th K.C. Mo. Date signed 5-6-45

(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 Joe B. Yoder

Licensed Embalmer No. 4173

P. O. Address 918 Brooklyn

K. 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.