V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 16044

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2116

48 3 8

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

JUN 16 1945

**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: Osteopathic Hospital, 11th and Harrison,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community 20 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jackson

(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 444 West 58th Street,
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: William Amberg Russell

3. (b) If veteran, name war: no.

3. (c) Social Security No. 486-01-0319

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mrs. Belle Hart Lincoln Russell

6. (c) Age of husband or wife if alive: unknown years

7. Birth date of deceased: December (Month) 27 (Day) 1887 (Year)

8. AGE: Years 57 | Months 4 | Days 16/15 | If less than one day: hr. min.

9. Birthplace: Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation: District Manager

11. Industry or business: Hoffman Specialty Co. of Chicago

FATHER
12. Name: Martin J. Russell
13. Birthplace: Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Cecil Welsh
15. Birthplace: Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Belle Hart L. Russell
(b) Address: 444 West 58th St., Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 5-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-15-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 12th year 1945 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from Feb 20, 1945 to May 12, 1945 that I last saw him alive on May 12, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia — Duration: 5 days

Due to: Carcinoma (Cancer) of left breast — Duration: Apr 27

Due to:

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

Major findings: Of operation: Liquefaction Lenticular Nucleus on Right side involving Right pyramidal tract

Of autopsy: 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): Fell getting out of bed

(b) Date of occurrence: April 27-1945

(c) Where did injury occur? Street, Home, Factory, Office (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At home (Specify type of place)

While at work? no (e) Means of injury: Accident

23. Signature: Guy J. Conley (M. D. or other)

Address: 116 W 43 K.C. Mo. Date signed: May 12, 1945

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1945

Dr. Conley

11G 2147

## 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. [signature]

Licensed Embalmer No. 1415

P. O. Address. K C M

**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.**