V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

23660

State File No.

FILED AUG 4 1945

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 231

16
1
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1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home - 319 A Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 53 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri County Cape Co.
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 319 a Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Fred C Russkamp
3. (b) If veteran, name war World War I
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Aug. 13 1891 (Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
10. Usual occupation Guard Air Field
11. Industry or business —
FATHER
12. Name August Russkamp
13. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emilie Bax
15. Birthplace Cape Girardeau Mo (City, town, or county) (State or foreign country)
16. (a) Informant Louis Russkamp
(b) Address Cape Girardeau Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-45 (Month) (Day) (Year)
(c) Place: burial or cremation Lorimier
18. (a) Signature of funeral director Joe P Howell
(b) Address Cape Girardeau Mo
19. (a) 7-24-45 (Date received local registrar) (b) H W Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1945 hour 10 minute 45 p. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration
Due to Chronic Myocarditis
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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 Dr. J. F. Sigmund Coroner (M. D. or other)
Address Jackson Mo Date signed 7/26/45

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

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-2-45

District Health Officer No. 4 845-885

District File Number

Date Filed 8-2-45

AUG 7 1945

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 W H Estes

Licensed Embalmer No.....

P. O. Address Cape

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.