

FILED OCT 4 1945 **STANDARD CERTIFICATE OF DEATH**

State File No. **30060**

Registration District No. **15**

Primary Registration District No. **3004**

Registrar's No. **61**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Lamar**
(c) Name of hospital or institution:
600 Poplar /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community **57 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton** **6**
(c) City or town **Lamar** **1**
(d) Street No. **600 Poplar** **1**
(If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **STACY EMERSON RUSSELL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **496-05-7578**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Flora Belle Overton** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **January 3 1880**
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **20** If less than one day
hr. min.

9. Birthplace **Terre Haute Ind.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **X**

MOTHER FATHER
12. Name **J. F. Russell**
13. Birthplace **Ind.**
(City, town, or county) (State or foreign country)
14. Maiden name **Kate Russell**
15. Birthplace **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. F. B. Russell**
(b) Address **600 Poplar Lamar, Mo.**

17. (a) **Burial** (b) Date thereof **9-26-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **GIBSON FUNERAL HOME**
1201 Bdwy. Lamar, Mo.
(b) Address

19. (a) **9-23-45** (b) **Messie K. K... ..**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **23rd**
year **1945** hour **9:10 pm** minute..... M.

21. I hereby certify that I attended the deceased from **March 10** 19**40** to **Sept. 23** 19**45**
that I last saw her alive on **Sept. 23** 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **Chronic nephritis** **1 year**
Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **FBK**
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 **J. F. Gibson** (M. D. or other) **MD.**
Address **Lamar, Missouri** Date signed **9-23-45**

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

RECEIVED

District Health Officer No. 6;

District File Number 1043-994

Date Filed OCT. 2 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



E. C. Gibson
Licensed Embalmer No. 4137

P. O. Address 1201 Bdwy. Lamar, 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.