

FILED NOV 26 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4604

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: General Hospital

(d) Length of stay: In hospital or institution 8 weeks

In this community 8 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 523 Grand

(e) Citizen of foreign country? _____ (Yes or No)

3. (a) PRINT FULL NAME John C. Russell

3. (b) If veteran, name war No

3. (c) Social Security No. N one

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1945 hour 3 minute 07 P.M.

21. I hereby certify that I attended the deceased from September 13 1945 to October 31 1945 that I last saw him alive on October 31 1945 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 2 1858

Immediate cause of death _____

Carcinoma of rectum

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46 d

8. AGE: Years Months Days If less than one day

87 9 29 hr. _____ min. _____

9. Birthplace Iowa

10. Usual occupation None

Major findings of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name No Record

13. Birthplace _____

14. Maiden name _____

15. Birthplace _____

16. (a) Informant Records R. @ General Hospital

(b) Address H. @ Mo

17. (a) Burial (b) Date thereof 11/7/45

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Frankie Robin Co

(b) Address 20 West Linwood

19. (a) 11-7-45 (b) Stearline Holmes

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature Clark H. Seely, MD (or other) _____

Address Med. Dir. F.C. General Hospital Date signed _____

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

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

Joseph B. Hunt

Licensed Embalmer No.

4406

P. O. Address

R. C. (E) 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.