V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36689

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1249

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hosp # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo 25 days (Specify whether

In this community 7 mo 25 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1010 E 27th St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Howard L. Russell

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Aug (Month) 30 (Day) 1922 (Year)

8. AGE: Years 23 Months 2 Days 22 If less than one day hr. min.

9. Birthplace Harvey (City, town, or county) Ill (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name H. L. Russell
13. Birthplace Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Verna Gilstrap
15. Birthplace Oula (City, town, or county) (State or foreign country)

16. (a) Informant Alberta G. Wilson

(b) Address 1010 E 27th KC Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-23-45 (Month) (Day) (Year)

(c) Place: burial or cremation KC Mo.

18. (a) Signature of funeral director Pleeman & Son Inc

(b) Address 1946 Calhoun St

19. (a) Nov 27 1945 (Date received local registrar) (b) H J Mestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1945 hour 10 30 minute P M.

21. I hereby certify that I attended the deceased from Nov 20, 1945, to Nov 22, 1945 that I last saw him alive on Nov 22, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	2 days
Due to Status Epileptica	yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

107

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 L. J. Shuck (M. D. or other)

Address State Hosp #2 St Joseph Date signed 11/28/45

1428

(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 Robert L Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.