. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37627

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Derfelt Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month (Specify whether
In this community 15 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")
(d) Street No. 1045 Penn 5 (If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Vica O Russell
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex f 1
5. Color or race W
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 7, 1888 (Month) (Day) (Year)
8. AGE: Years 57 Months 1 Days 13 If less than one day hr. min.
9. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) 7 (State or foreign country)
16. (a) Informant Clarence Russell
(b) Address 1045 Penn, Joplin, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-23.45 (Month) (Day) (Year)
(c) Place: burial or cremation Hillcrest Cemetery Galena, Kansas
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 11-23-45 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20 year 1945 hour 9 minute a M.
21. I hereby certify that I attended the deceased from Sept 1 1945, to Nov. 20 1945 that I last saw her alive on Nov 20 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism	72 hrs
Due to Carcinoma of head of pancreas with	
Due to metastasis to stomach and liver	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma of liver stomach and pancreas
Of autopsy 46/

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 2
23. Signature R. A. Mahoney (M.D. or other) Da
Address Joplin Mo Date signed 11/20/45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-11-912

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.