

FILED JAN 8 1946

Registration District No. **42**

Primary Registration District No. **1000**

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

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: **Missouri Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 Hours**
In this community **11 Hours**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **John Albert Russ**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mildred Evans Russ** 6. (c) Age of husband or wife if alive **43** years
7. Birth date of deceased **May 5 1900**
(Month) (Day) (Year)

8. AGE: Years **45** Months **7** Days **13** If less than one day hr. min.

9. Birthplace **Harrison County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Plumber**

11. Industry or business

MOTHER FATHER { 12. Name **Charles W. Russ**
13. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy L. Kelly**
15. Birthplace **Unknown Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mildred E. Russ**

(b) Address **Bethany, Missouri.**

17. (a) **Removal** (b) Date thereof **12/18/1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethany, Missouri.**

18. (a) Signature of funeral director **Walter Meierhoffer**

(b) Address **1302 Faron, St. Joseph, Missouri.**

19. (a) **Dec. 20, 1945** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Harrison** **41**
(c) City or town **Bethany** **1**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18th.**
year **1945** hour **11** minute **A.** M.

21. I hereby certify that I attended the deceased from **12-18-45**
to **12-18-45** 19. :
that I last saw him alive on **12-18-45** 19. :
and that death occurred on the date and hour stated above.

Immediate cause of death **Mesenteric Thrombosis** **24 hr.**
Duration

Due to **Cause undetermined**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: **No ops.** **99%** **PHYSICIAN**
Of operations **8 feet of gangrenous bowel**
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?

While at work? (Specify type of place) (e) Means of injury

23. Signatures **Paul G. [Signature]** (M. D. [Signature])
Address **St. Joseph, Mo** Date signed **12-18-45**

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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 *Albert D Harrington*
Licensed Embalmer No. *3258 Missouri*
P. O. Address *St. Joseph, Missouri.*

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.