

FILED JAN 12 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 290

Primary Registration District No. 4431

Registrar's No.

104

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Dixon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski 85
(c) City or town Dixon 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Russell 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 7 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 7 _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name George W. Russell
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Sophia Stevenson
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alice Russell

(b) Address Dixon, Missouri

17. (a) Burial (b) Date thereof 12/16/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fred H. Gilbert

18. (a) Signature of funeral director Dixon, Missouri

(b) Address _____

19. (a) 12-19-75 (b) Chas Melrod
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 1945 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec. 2, 1945, to Dec 7, 1945,
that I last saw him alive on Dec 6, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson's Disease (Paralysis Agitans) 15 yrs.
Duration

Due to Secondary cystitis + Pyelitis 4 mos.

Due to Malnutrition, progressive 1 yr. 5 mos.

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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. Signature Russell Under (M. D. or other) M.D.
Address Dixon, Mo. Date signed 16 Dec 45

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

Dec 10 1908
Missouri State Board of Health
St. Louis, Mo.
12/12/08 - 45

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.....
12/12/08 - 45 Registered Apprentice No.....
working under my personal supervision.

Signed *Frank H. Gilkey*

Licensed Embalmer No. *2341*

P. O. Address *Dixon, 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.