

S. No. 2
M-8-43
5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4287
DN Ryan
State File No.

FILED FEB 11 1948

Registration District No. 340

Primary Registration District No. 6152

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Stoddard Co.
(b) City or town RURAL -
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution At home
In this community entire life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(d) Street No. 2 1/2 miles West of Bernie Mo.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Mary Caroline Russell

(b) If veteran, name war

(c) Social Security No. None

4. Sex FEMALE 5. Color or race White

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

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

7. Birth date of deceased January 23 1859
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days 8
If less than one day hr. min.

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

10. Usual occupation house wife

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Evelyn Shelby
(b) Address Bernie Mo.

17. (a) Burial (b) Date thereof 1/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Staveson Cemetery

18. (a) Signature of funeral director John G. ...
(b) Address Bernie Mo.

19. (a) 1-5-46 (b) Cardee Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 1
year 1946 hour 3 minute 30 a.m.
21. I hereby certify that I attended the deceased from 12-31-
1945 to 1-1-
1946
that I last saw her alive on 12-31-
1945 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Duration 2 weeks

Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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. Signature Dawsey Ryan (M. D. or other) M.D.
Address Bernie Mo Date signed 1-4-46

RECEIVED
District Health Office No. 2,
District File Number 246-205
Date Filed 2-2-46

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 J. J. Schuman
Licensed Embalmer No. 4086
P. O. Address Malden

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.