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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12908

Registration District No. FILED APR 30 1946 Primary Registration District No. 5466 Registrar's No. 323

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Rural-S. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: OZARK OSTEOPATHIC HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL 41

(c) City or town MT. VIEW RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. RT. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME JESSIE CRAM RUSSELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife LEROY R. RUSSELL

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

7. Birth date of deceased MARCH (Month) 8 (Day) 1871 (Year)

8. AGE: Years 74 Months 12 Days 5 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name JEFFERSON WATSON
13. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

MOTHER
14. Maiden name TELITHA STORY
15. Birthplace TEKAMAH (City, town, or county) NEBRASKA (State or foreign country)

16. (a) Informant MRS. GEORGE FAUSSET
(b) Address MT. VIEW, MISSOURI

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mtn View Mo.

18. (a) Signature of funeral director Joe R. Duncan
(b) Address Mtn View Mo.

19. (a) 2-15-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 13
year 1946 hour 10 minute 10 A.M.

21. I hereby certify that I attended the deceased from FEBRUARY 3, 1946, to FEBRUARY 13, 1946; that I last saw her alive on FEBRUARY 13, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to General Peritonitis Due to Bowel obstruction	
Due to adhesions	
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? (Specify type of place)
While at work? (e) Means of injury 2

23. Signature William L. Wetzel (M. D. or other) DO
Address 2100 So. Holland Spfd., Mo. Date signed 2-13-46

(Licensed Embalmer's Statement on Reverse Side)

111

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 Joe R. Duncan

Licensed Embalmer No. 4325

P. O. Address New Haven 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.