No. 2
—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13780

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 47

1. PLACE OF DEATH:
(a) County: Linn
(b) City or town: Brookfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 423 Hunt / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 2 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 999
(c) City or town: Oplin Kansas 14 (If outside city or town limits, write "RURAL")
(d) Street No.: 0 (If rural, give location) 2
(e) Citizen of foreign country? None (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Louis Weaver Russum
3. (b) If veteran, name war ____ 3. (c) Social Security No. ____
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife: Etta Russum
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: November (Month) 27 (Day) 1880 (Year)
8. AGE: Years 65 Months 5 Days 1 If less than one day ____ hr. ____ min.
9. Birthplace: St. Clair County (City, town, or county), Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
FATHER 12. Name: Joseph Russum
FATHER 13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Mary Ann Brown
MOTHER 15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. W. B. Johnson
(b) Address: 423 Hunt Street, Brookfield
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Apr. 29, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Webb City, Missouri
18. (a) Signature of funeral director: Hall Funeral Home
(b) Address: 117 S. Main, Brookfield, Mo.
19. (a) 4/29/46 (Date received by local registrar) (b) Evelyn Kelly, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1946 hour 11 minute P M.
21. I hereby certify that I attended the deceased from 4-28-46, 19__, to 4-28-46, 19__; that I last saw him alive on 4-28, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarct	
Due to: Generalized arteriosclerosis	
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? (Specify type of place)
While at work? (g) Means of injury

23. Signature: Joseph H. Robinson (M. D.)
Address: Brookfield Mo. Date signed 4-28-46

167

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. W. Blackelock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.