

S. No. 2
M-5-43
7-5-17-39
P I X36

FILED SEP 3 1946

Registration District No. 104

Primary Registration District No. 4176

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35
(c) City or town Malden 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME

Edward G 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

Lora Russell

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

54 years

7. Birth date of deceased August 20 1887
(Month) (Day) (Year)

8. AGE:

Years 54 Months 11 Days 20

If less than one day
hr. _____ min. _____

9. Birthplace

Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation

Painter

11. Industry or business _____

12. Name

Joe Russell

13. Birthplace

Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name

Cora Lee Duke

15. Birthplace

Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant

Mrs E H Russell

(b) Address

Malden, Missouri

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 8-11-46
(Month) (Day) (Year)

(c) Place: burial or cremation

Park Cemetery, Malden

18. (a) Signature of funeral director

Landess Funeral Home

(b) Address

Campbell, Missouri

19. (a) 8-22-46
(Date received local registrar)

(b) J. J. Alderman
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1946 hour _____ minute 4:00 A. M.

21. I hereby certify that I attended the deceased from

Aug 8, 1946, to Aug 10, 1946
that I last saw him alive on Aug 10, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration 2 hrs

Due to High Blood Pressure

10 yrs

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 2

23. Signature J. Carleton (M. D. or other) 20
Address Malden Date signed Aug 13/46

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

RECEIVED

Health Office No. 2,

District File Number 846-1032

Date Filed 8-26-46

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Md

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.