

S. No. 2
M-5-43
S. 5-17-39
P I X36671

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED SEP 30 1946 STANDARD CERTIFICATE OF DEATH

29633

State File No. _____
Registrar's No. 1079

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In ambulance on way to Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution *
In this community Life. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Vernon Russell
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive * years
7. Birth date of deceased. January 27 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 7 24 hr. min.

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

10. Usual occupation Student

11. Industry or business Public School

MOTHER FATHER

12. Name Clifton Russell

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

14. Maiden name Mary Ethel Moore

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

16. (a) Informant Mr. Clifton Russell

(b) Address 2907 Olive St.

17. (a) Burial (b) Date thereof Sept. 23, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director *Arthur W. Sidenfaden*

(b) Address 1802 Union St. St. Joseph, Mo

19. (a) Sept. 26, 1946 (b) *H. F. J. [Signature]*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2907 Olive St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1946 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from
Sept 22nd 46 19 to 19
that I last saw h. _____ alive on _____, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when
run over by Auto
Duration

Due to _____

Due to _____

Other conditions none
(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:
Accident 131

(a) Accident, suicide, or homicide (specify) Sept 21st 1946

(b) Date of occurrence St Joseph, Mo,

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur about home, on farm, in industrial place, in public place?
Public place

While at work? no. (Specify type of place) Auto

(e) Means of injury Coroner 3

23. Signature B.W. Tadlock (M. D. or other)
Address King Hill Bldg Date signed 9/26/46

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. *Emel Thomas*

Licensed Embalmer No. *2640*

P. O. Address *St. Joseph 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.