

FILED DEC 6 1946

Registration District No. _____

Primary Registration District No. 5011

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town Rural Clay Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Jay Bee Russee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race w 6. (a) Single, widowed, married, divorced - 1

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

7. Birth date of deceased July 4 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>5</u>	<u>4</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Cameron Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Don Alfred Russee

13. Birthplace Kingston Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Pearl Frances Champitt

15. Birthplace Richmond Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Don Alfred Russee

(b) Address Bellefontaine Mo.

17. (a) _____ (b) Date thereof 11-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director E. C. [unclear]

(b) Address Savannah Mo.

19. (a) 11-26-46 (b) A. William Sparks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Clay Township
(If outside city or town limits, write "RURAL")

(d) Street No. 1412
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death: Struck by car while

Due to unavoidable accident struck by car

Due to Person in front of car

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 1700 10 21

Of operations _____

Of autopsy _____

Duration

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) Accident

(b) Date of occurrence NOV - 23, 1946

(c) Where did injury occur? 4 1/2 MILES NORTH of Pittman
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In front of home

While at work? _____
(Specify type of place)

(e) Means of injury Car

23. Signature [unclear] (M. D. or other) _____
Address Savannah Mo. Date signed _____

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

34B

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address..... *Lawrence, 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.