

FILED JAN 13 1947
Registration District No. 61

Primary Registration District No. 407

Registrar's No. 61

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

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town El-Dorado Spgs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Adult Convalescent Club 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 mo
(Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cedar
(c) City or town El-Dorado Spgs
(If outside city or town limits, write "RURAL")
(d) Street No. 116 W. Fields Blvd
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALEXANDER W. RUSSELL

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased May 20 1855
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Thomas Russell

13. Birthplace Ill 1 (City, town, or county) (State or foreign country)

14. Maiden name Maudie J. Gordon (State or foreign country)

15. Birthplace Ind 1 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayfield

(b) Address El-Dorado Spgs Mo

17. (a) Buried (b) Date thereof 12/30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El-Dorado Spgs

18. (a) Signature of funeral director Mary Queen House

(b) Address El-Dorado Spgs Mo

19. (a) 12/30/46 (b) J. C. Brannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1946 hour 12 minute 30pm

21. I hereby certify that I attended the deceased from Dec. 10
_____ 1946, to Dec 25 1946

that I last saw him alive on Dec. 25 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 450

Of autopsy _____

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 L

23. Signature J. C. Brannon (M. D. or other) DD

Address El-Dorado Spgs Mo Date signed 12/30/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

LA-6-21
S12E-97-21

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 George W. Mafus
Licensed Embalmer No. 2752
P.O. Address El Dorado Spgs

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.