-1/47
5-17-39

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

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 33543

FILED SEP 26 1947

Registration District No. 36 [illegible]

Primary Registration District No. 6241

Registrar's No.

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural Breton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Near Potosi 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Washington 110
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Near Potosi 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Joseph Russell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1864 (Year)

8. AGE: Years 83 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Madison Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Jasper Russell
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Herbert Russell
(b) Address 2709 McNair St St. Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Desarc Mo.
18. (a) Signature of funeral director Mrs Luther Sparks
(b) Address Potosi Mo.
19. (a) Sept 10 47 (Date received local registrar) (b) Mrs G F Cressmile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1947 hour minute 9 M.

21. I hereby certify that I attended the deceased from 9 3, 1947 to 9-8, 1947
that I last saw him alive on 9-4, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1 4 8

Major findings:
Of operations 1 0

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (e) Means of injury 0

23. Signature J. P. Yeager (M. D. or other)
Address Grondale, Mo. Date signed 9-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

File Number 947-1227

9-25-47

OCT 10 1947

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 Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address Fall River, Mass

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.