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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41190

State File No.

Registration District No. 74

Primary Registration District No. 4136

Registrar's No. 44

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

5
3
0

1. PLACE OF DEATH:

(a) County Clinton

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 40 yrs
years, months or days

3. (a) PRINT FULL NAME Betty Elizabeth Russell

3. (b) If veteran, name war X X

3. (c) Social Security No. X X

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Ligga Russell

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased JAN 9 1903
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>44</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Home maker

11. Industry or business _____

MOTHER FATHER

12. Name George Arnold

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

14. Maiden name ELLA GOAD

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

16. (a) Informant MRS ELLA ARNOLD

(b) Address Plattsburg, MO.

17. (a) Burial (b) Date thereof 12 4 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg MO.

18. (a) Signature of funeral director D. D. Lyon

(b) Address Plattsburg, MO.

19. (a) Dec 4 - 47 (b) Emmie Chalkin
(Date received local registrar) (Registrar's signature) 201

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton²⁵

(c) City or town Plattsburg MO.³
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1947 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 7 1947 to Dec 2 1947
that I last saw him alive on Dec 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma uterine 3 Mo.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 48 B

Major findings: Carcinoma uterine

Of operations _____

Of autopsy none

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature W. J. Shalping (M. D. or other) MD
Address Plattsburg, MO. Date Dec 3 - 47

EMERALD...
Canton, 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..... *Daniel D. Lyon*
Licensed Embalmer No. *3640*
P. O. Address *Plattsburg, 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.