S. No. 2
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5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 0 1948

Registration District No. 4

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 5857

Registrar's No. 81

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCormick Hospital
(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 Randolph 88
(c) City or town Moberly 6
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Garfield 3
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb (Month) 25th (Day) 1870 (Year)

8. AGE: Years 78 Months — Days 6 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) 9 (State or foreign country)
10. Usual occupation Athome
11. Industry or business .....
FATHER
12. Name no data 9
13. Birthplace ..... (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Minerva Stevens
15. Birthplace ..... (City, town, or county) Unknown 1 (State or foreign country)
16. (a) Informant Mrs. Della Scott
(b) Address Moberly Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly Mo
19. (c) Mar 3-48 (Date received local registrar) (b) Leah Nielsen Lowe (Registrar's signature) 11-4

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st.
year 1948 hour 9:25 minute P M.

21. I hereby certify that I attended the deceased from Feb 23rd, 1948 to March 1, 1948
that I last saw her alive on March 1, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	30 hrs
Due to: Influenza	2 wks
Due to	
Other conditions ..... (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) 21
While at work ..... (e) Means of injury .....

23. Signature Benj. S. Jolly (M. D. or other) DO.
Address 203½ N Clark Moberly Date signed 3/1/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
File Number 3-48-446
MAR 8 1948
Date Filed

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.