

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

1. PLACE OF DEATH: Jackson

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 hrs.
(Specify whether in this community years, months or days) 50 Years

3. (a) PRINT FULL NAME Clyde Russell

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male White 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 2 23 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name John Russell

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

14. Maiden name Julia Rodgers

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

16. (a) Informant Mr. John Russell

(b) Address 334 South Hardesty

17. (a) Burial (b) Date thereof 4-1-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. E.L. Forster
Kansas City, Missouri

(b) Address _____

19. (a) 4-1-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 1809 1/2 E. 39 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 29, 1948 to March 30, 1948
that I last saw him alive on March 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Lobar pneumonia, right middle lobe 108
Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy See above

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? _____

While at work? _____ 0
(Specify type of place) (e) Means of injury

23. Signature Wm W. Hart (M. D. or other) Med
Address Med. Dir. Gen'l Hosp. Date signed 3-31-48

Dr. Uddis

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 *Robert A. Hermann*
Licensed Embalmer No. *5700*
P. O. Address *EC 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.