

FILED APR 22 1948 326

Registration District No. \_\_\_\_\_ Primary Registration District No. 4282

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

1. PLACE OF DEATH:

(a) County Scotland

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

(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Scotland

(c) City or town Memphis 99  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ernest M. Russell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 15 year 1948 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 15 1948 to Mar. 15 1948 and that last saw him alive on Mar. 15 1948 and that death occurred on the date and hour stated above

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Hena L Russell 6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased: June 17 1910  
(Month) (Day) (Year)

Immediate cause of death accidental fall Duration \_\_\_\_\_

Due to Fracture of neck injuring Spinal Cord

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years Months Days If less than one day

37 8 28 hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation laborer

Major findings: Of operations 1st A 75

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name John D Russell

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

14. Maiden name Elyzabeth Mae Hamilton

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

16. (a) Informant Hena Russell

(b) Address Memphis MO

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

(c) Place: burial or cremation Memphis

18. (a) Signature of funeral director Hertha S. Sapp

(b) Address Memphis MO

19. (a) 4/14/48 (b) OTTB aka  
(Date received local registrar) (Registrar's signature) 4/17/48

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence March 15 1948

(c) Where did injury occur? Memphis, MO 99  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? yes (Specify type of place) (e) Means of injury Fracture neck

23. Signature L. E. Lowe (Date signed 4/17/48)  
Address Memphis MO

RECEIVED  
District Office No. 1  
District File Number 4-48-72  
Date Filed APR 20 1948

**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 Albert C Gerth

Licensed Embalmer No. 4257

P. O. Address Memphis 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.**