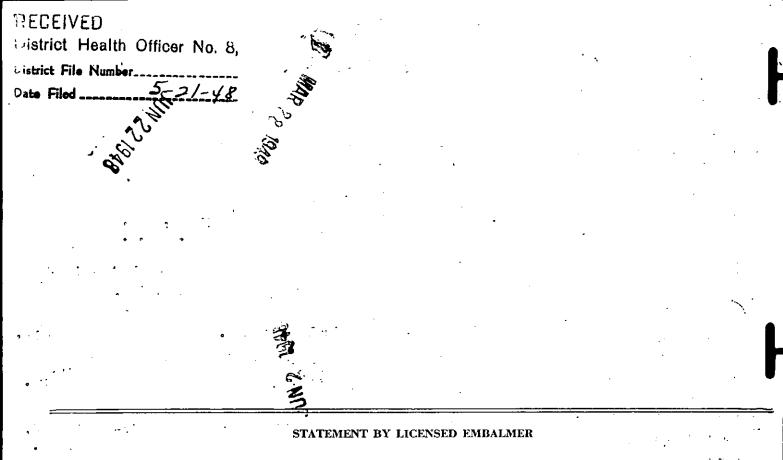
No. 2 12-45 5-17-39	DEPARTMENT OF COMMERCE BURBAU OF THE CENSUS STANDARD CERTIFI	HEALTH OF MISSOURI	1/1/20	
47070	FIED MAY 22 1948, Registration District No. 22 1948, Primary Registration District		*	
RECORD	1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	7.0	
	(a) County Pettis	(a) State Missouri (b) County Pattis	80.	
	(If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution:	(c) City or town Sed (If outside city or town limits, write "RURAL"	6	
<b>/</b> ≅	Bothwell Hospital	(d) Street No. 40 7 Wast Broadway	' 4	
EZ	(If not in hospital or institution, write street number or location)  (d) Length of stay: In hospital or institution	(If rural, give location)		
N.	In this community 54 years (Specify whether		.(Yes or No)	
INK-MAKE A PERMANENT	years, months or days)	If yes, name country		
	J. (a) PRINT MARY E. Russell Abell	May Ist. 1948.		
	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month 9.40 P.M.		
	name warNo	21. I hereby certify that I attended the deceased from Over 20	М.	
	5. Color or 6. (a) Single, widowed, married,		years	
	4. Sex temple race white divorced undowed	that I last saw h er alive on May Ist, 1948.	;	
	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	Duration	
₽ X	7. Birth date of deceased 2 /854	Immediate cause of death Terminal Pneumonia.	2 days.	
UNFADING BLACK	7. Birth date of deceased (Month) (Day) (Year)			
C I	8. AGE: Years Months Days If less than one day	Due to Hypertensive Heart Disease	3 yrs	
NIC	92   3   29   hr	Senility	5 yrs.	
<b></b>	9. Birthplace Milan, Bradford Co Penn !	Due to		
WRITE PLAINLY—USE UN	(City, town, or county) (State or foreign country)	Other conditions Old Fracture of Rt Hip-Marc	h 22nd.	
	10. Usual occupation.	Other conditions. Old Flacoutte of Rolling (Include pregnancy within 3 months of death)	T947.	
	11. Industry or business	Major findings:	PHYSICIAN	
	[ 12. Name Ralph Woodruff Russell	Of operations None.	Underline	
	(City, town, ar county) (State or foreign country)	Of among Name	the cause to which death should be	
	14. Maiden name Sathrah C. Wheaton	1102100	charged sta- tistically.	
	S   15. Birthplace (City, town, or county) (State or foreign country)	22. If death was due to external causes, fill in the following:	<del></del>	
	16. (a) Informant Miss Olice Harris	(a) Accident, suicide, or homicide (specify).		
	(b) Address 407 W. Bdwy Sedalia Mo	(b) Date of occurrence.		
	17. (a) Pennoval (b) Date thereof 5-3-48 (Month) (Day) (Year)	(c) Where did injury occur? (City or town) (County) (d) Did injury occur in or about home, on farm, in industrial place, in p	(State)	
	(c) Place: burial or cremation Toward Pesson			
<b>-1</b>	18. (a) Signature of funeral director mc Laughlin Bros	While at work ho B Carl (c) hierar of invers		
	(b) Address Sedalea Mo.	23. Signaturo Tro B. Carlisle, M.D. (M. D. of	ay 3rd,	
	19. (a) 5-3-48 (b) Setty lager (Date received local registrar) 5 (figure 1's signates) 2000	'Address Date signe	10110	
	(Licensed Embalmer's Statement on Reverse Side)			



I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi

working under my personal supervision.

....., Registered Apprentice No.....

Licensed Embalmer No. 3/53/

P. O. Address Sedalia M

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above