S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19094

FILED JUN 22 1948

Registration District No. 114 — Primary Registration District No. 4186 — Registrar's No. 71

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0

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

1. PLACE OF DEATH:

(a) County: Franklin
(b) City or town: Sullivan (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Northside Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 Hrs. (Specify whether years, months or days)
In this community: 18 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Franklin 36
(c) City or town: Sullivan 4 (If outside city or town limits, write "RURAL")
(d) Street No.: So. Center Ave. 0 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: George William Russell
3. (b) If veteran, name war: None
3. (c) Social Security No.: R.R. Retirement
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Mae Coley Russell 61
6. (c) Age of husband or wife if alive: 61 years
7. Birth date of deceased: Jan. (Month) 28 (Day) 1882 (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	4	13	hr. min.

9. Birthplace: Poplar Bluff, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Retired R.R. Car Bldr.
11. Industry or business: Railroad- Mo.-Pacific

FATHER
12. Name: Eligha Russell
13. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elsie Weiscarver
15. Birthplace: Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mae Russell
(b) Address: Sullivan, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 15/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lakewood Park St. Louis Co. Mo.
18. (a) Signature of funeral director: Thos. P. Shoffer
(b) Address: Sullivan, Mo.
19. (a) 6-15-48 (Date received local registrar) (b) C.A. Proctor (Registrar's signature) 97

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1948 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11 am 6-11, 1948, to 1st pm 6-11, 1948; that I last saw him alive on 6-11-, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
2nd degree burn whole body	3 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 1 8
Of autopsy: 1 5

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): accident 31
(b) Date of occurrence: 6-11-48
(c) Where did injury occur? Sullivan (City or town) Franklin (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury: using kerosine to start fire
23. Signature: C.A. Proctor (M. D. or other)
Address: 0 Date signed: 6/15/48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed JUN 21 1948
JUL 22 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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address Sullivan, 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.