

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19936

State File No.

Registrar's No. 67

FILED JUL 10 1948
Registration District No. 784

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Johnson County
(b) City or town Warrensburg, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 620 W. Market
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Belton Russell

3. (b) If veteran, name war none 3. (c) Social Security No. 499-10-4578

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Martha Cash Russell 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Sept. 22, 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 7 9 hr. min.

9. Birthplace Ashville, N. Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Andrew Russell

13. Birthplace Ashville, N.C.
(City, town, or county) (State or foreign country)

14. Maiden name Hattie Walker

15. Birthplace Ashville, N.C.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martha Russell

(b) Address 620 W. Market, Warrensburg, Mo.

17. (a) Burial (b) Date thereof 7-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SunSet Hill

18. (a) Signature of funeral director J.M. Brauning

(b) Address Warrensburg, Mo.

19. (a) July 3, 1948 (b) Saranah Chute
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 1st, year 1948 hour 9:40 Am minute M.

21. I hereby certify that I attended the deceased from March 11, 1948 to July 1, 1948 that I last saw him alive on June 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to generalized arteriosclerosis 6 years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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)

While at work? (e) Means of injury

23. Signature of Physician J. J. ... (M.D. or other)
Address Warrensburg, Mo. 7-2-48 Date signed 7-5-48

Duration 6 min.
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

JUN 29 1949

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 *W. W. Branning*.....

Licensed Embalmer No. *3377*.....

P. O. Address *Warrensburg, 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.