

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23151**
2895
Registrar's No.

FILED JUL 22 1948

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Taman Lub**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
108 St 71 H. way 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Enroute to Hosp. Rt 1 Carthage Mo**
(Specify whether non resident)
In this community **non resident**
years, months or days

3. (a) PRINT FULL NAME **CLAUDINE RUSSELL**

3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **F** 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 **September 11, 1930**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
17	10	2	hr.	min.

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

10. Usual occupation **student**

11. Industry or business

MOTHER FATHER {
12. Name **Claude Russell**
13. Birthplace **Pea Ridge Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Lena Holmes**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Dorothy Russell (sister)**
(b) Address **Carthage, Mo.**

17. (a) **removal** (b) Date thereof **7-19-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Collinsville Okla.**

18. (a) Signature of funeral director **Hedger Lewis**
(b) Address **W. 4th City Mo**

19. (a) **7-13-48** (b) **Bernadine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jasper**
(c) City or town **Rural near Beth**
(If outside city or town limits, write "RURAL")
(d) Street No. **Atlas Community**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **13**
year **1948** hour **9:45** minute **a** M.

21. I hereby certify that I attended the deceased from **Carthage**, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fractured Skull**

Due to **Crushed Skull**

Due to **Multiple lacerations & Contusions**
(2 car collision)

Other conditions (Include pregnancy within 3 months of death)

Major findings: **1700-8**
Of operations **22**

Of autopsy **no**
History & Examination

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

(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **7-13-48**
(c) Where did injury occur? **RP Jackson Mo**
(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? **no** (Specify type of place) (c) Means of injury **into frame**

23. Signature **Jimmie White** (M. D. or other) **Carthage**
Address **1424 Mt Hill** Date signed **7-13-48**

JUL 28 1940

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..... *P. G. Thurston*
Licensed Embalmer No..... *2381*
P. O. Address..... *2512 Heald*

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.