. No. 300
M—10-47
. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35723

Primary Registration District No. 1000

Registrar's No. 1186

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2018 Francis St. Rosary Hill Nursing Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte 83
(c) City or town Weston (If outside city or town limits, write "RURAL")
(d) Street No. Weston 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha A. Russell

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife George Russell

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased December (Month) 16 (Day) 1860 (Year)

8. AGE: Years 87 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John J. Scott
13. Birthplace unknown (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Margaret Jordan
15. Birthplace Unknown (City, town, or county) Va. (State or foreign country)

16. (a) Informant J. S. Russell
(b) Address Weston, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Bethel Cem.

18. (a) Signature of funeral director Vaughn Funeral Home
(b) Address Weston, Missouri

19. (a) 11-8-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2 year 1948 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from November 1, 1948, to November 1, 1948; that I last saw her alive on Nov. 1, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchopneumonia	3 days
Due to Myocardial Degeneration	Unknown
Due to Arteriosclerosis	Unknown
Hypertension	Unknown
Other conditions Senile Psychosis (Include pregnancy within 3 months of death)	Unknown

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Allen Sherman (M.D.) M.D.
Address 1302 Faraon St., St. Joseph, Mo. Date signed 11-4-48

(Licensed Embalmer's Statement on Reverse Side)

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. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.