No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 36058

FILED DEC 11 1948

Registration District No. 109 Primary Registration District No. 3409 Registrar's No. 57

1. PLACE OF DEATH:
(a) County Douglas
(b) City or town Ava ~~Dora~~, Rural, Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas 34
(c) City or town Dora, Rural 3
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Albert Russell
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Rhoda Riley Russell
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Nov. 16, 1859 (Month) (Day) (Year)

8. AGE: Years 89 Months 0 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) 9
10. Usual occupation Farmer 1
11. Industry or business
FATHER
12. Name William Russell 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Burnettie Sanders
15. Birthplace (City, town, or county) (State or foreign country) 9
16. (a) Informant S. Delpha Wilson
(b) Address Ava Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Zion
18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri
19. (a) Dec. 6-48 (Date received local registrar) (b) Vestal Bushman (Registrar's signature) 84

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1948 hour 2 minute A. M.

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

| | Duration |
|---|---|
| Immediate cause of death: Acute Cerebral Apoplexy | 2 |
| Due to: Chronic Hypertension | 2 20/20 |
| Due to: Chronic myocarditis | 15 yrs |
| Other conditions (Include pregnancy within 3 months of death): Chronic Arteriosclerosis | |
| Major findings: Of operations | |
| Of autopsy | 93 |

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)
(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) 0
While at work? (e) Means of injury

23. Signature M. C. Gentry (M. D. or other)
Address Ava, Mo Date signed 12-2-48

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

file # 1248-1367
12-9-48

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 Chester A. Roof

Licensed Embalmer No. 3044

P. O. Address Gainesville 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.**