S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39676

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 286

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Ashland
(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 Dr. Richard Lee Russell Sr.
3. (b) If veteran, name war 1st World War.
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mable
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan 31, 1877 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	10	23	hr. min.

9. Birthplace Gentry Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Doctor
11. Industry or business
FATHER
12. Name Liberty C. Russell
13. Birthplace Ky. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Bradshaw
15. Birthplace Ky. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mabel Russell
(b) Address Ashland, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Humansville, Mo.
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.
19. (a) 12-24-48 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) Norma Richter Dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24 year 1948 hour 12 minute 20 8 M.
21. I hereby certify that I attended the deceased from Dec 10, 1948 to Dec 24, 1948 that I last saw him alive on Dec 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days
Due to Arteriosclerosis c̄ Hypertension
Due to
Other conditions Benign Hypert Prostate
(Include pregnancy within 3 months of death)
Major findings:
Of operations Enlarged Prostate
Of autopsy 8 30

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)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 626 Jefferson Date signed 12-24 1948

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

RECEIVED
District Health Officer No. 9
District File Number DEC 29 1948
Date Filed

JAN 8 1949

DEC 31 1948

APR 3 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 Victor Buesche

Licensed Embalmer No. 3201

P. O. Address Jefferson City, 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.