

FILED JAN 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **681**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>	
c. LENGTH OF STAY (in this place) <b>8 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>110 E. Capitol Ave.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <b>110 E. Capitol Ave.</b>		d. STREET ADDRESS (If rural, give location) <b>110 E. Capitol Ave.</b>	

3. NAME OF DECEASED (Type or Print) **John Felix Beasley Russell**

a. (First) **John** b. (Middle) **Felix** c. (Last) **Russell**

4. DATE OF DEATH **Jan 14, 1949**

(Month) (Day) (Year)

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **March 8, 1900** 9. AGE (In years last birthday) **48** Months **11** Days **8**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Hotel Operator**

10b. KIND OF BUSINESS OR INDUSTRY **Own**

11. BIRTHPLACE (State or foreign country) **Maury Co. Tenn.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William L.B. Russell** 13b. MOTHER'S MAIDEN NAME **Sallie Derryberry** 14. NAME OF HUSBAND OR WIFE **Grace Russell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or date of service)

16. SOCIAL SECURITY NO. **499-07-3490**

17. INFORMANT'S SIGNATURE OR NAME **Mrs Grace Russell** ADDRESS **Jefferson City Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemorrhage**

INTERVAL BETWEEN ONSET AND DEATH **4 days**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Hypertension malig** **1 1/2 yrs**

DUE TO (c) **nephritis** **1 1/2 yrs**

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. **331**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Jan 14, 1948** to **Jan 14, 1949**, that I last saw the deceased alive on **Jan 14, 1949**, and that death occurred at **10:04 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. J. Kanagawa M.D.** 23b. ADDRESS **1. Hallmeyer Bldg.** 23c. DATE SIGNED **1/15/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **1-16-49** 24c. NAME OF CEMETERY OR CREMATORY **Riverview Cemetery** 24d. LOCATION (City, town, or county) (State) **Jefferson City Mo**

DATE REC'D BY LOCAL REG. **Jan 15-1949** REGISTRAR'S SIGNATURE **C. P. Harris M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Victor Buescher** ADDRESS **Jefferson City Mo**

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

26  
5  
4

Date Filed  
JAN 18 1949  
District File Number

District Health Officer No. 9

RECEIVED

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Victor Buescher*

Licensed Embalmer No. *3701*

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.