

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5880

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE FARMINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNETERRE HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>0941</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ERNA</u> b. (Middle) <u>RUSSELL</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 23 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	8. DATE OF BIRTH <u>About 1890</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days <u>Abt. 60</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>GERMANY</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM RUSSELL</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bonne Terre Hosp. Bonne Terre, Mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21f. HOW DID INJURY OCCUR?		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-2-50</u> , 19 <u>49</u> , to <u>2-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-2-50</u> , and that death occurred at <u>9 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George L. Wetherman M.D.</u>		23b. ADDRESS <u>Farmington Mo.</u>	23c. DATE SIGNED <u>2/24/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 25, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Feb 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ch Cozeman</u>	ADDRESS <u>Farmington Mo.</u>

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

0941

MAR 2 1950

RECEIVED

MAR 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-304

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 W. Cozear

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.