

FILED MAY 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16929  
Registrar's No. 2141

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2141</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		<u>2538</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3745 HIGHLAND AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>3745 HIGHLAND AVENUE</u>			
3. NAME OF DECEASED (Type or Print) <u>GEORGE W</u>		a. (First)		b. (Middle)		c. (Last)	
<u>RUSSELL</u>						4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-8-1950</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL-21-1913</u>	
9. AGE (in years last birthday) <u>37</u>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Days		Hours	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRIAL</u>		11. BIRTHPLACE (State or foreign country) <u>TOPEKA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>GEORGE R. RUSSELL</u>		13b. MOTHER'S MAIDEN NAME <u>HAZEL JONES</u>		14. NAME OF HUSBAND OR WIFE <u>EUGENIA RUSSELL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-10-6009</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS. GEORGE R. RUSSELL, 3745 HIGHLAND</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple sclerosis</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pyelitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>  <u>5 years</u>  <u>345X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>48</u> , to <u>May 8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Apr 30</u> , 19 <u>50</u> , and that death occurred at <u>7:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John W. Barber Jr.</u> (Degree or title)				23b. ADDRESS <u>2603 E 31st St. K.C. Mo.</u>		23c. DATE SIGNED <u>5-9-50</u>	
24a. BURIAL CREMATION (Specify)		24b. DATE <u>MAY 9 - 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u>		24d. LOCATION (City, town, or county) (State) <u>LAWRENCE, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>5-9-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer's Sons</u> <u>1331 BRUSH CREEK BLVD</u> <u>KANSAS CITY, MO.</u>			

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

2603 E. 12th St. 1

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.....

*Albert L. Savage*

working under my personal supervision.

Student Embalmer No. *360*.....

Signed *John E. Fraking*

Signed *Albert L. Savage*  
Student Embalmer *360*.....

Licensed Embalmer No. *4483*.....

P. O. Address *Kansas 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.