No. 300
10.48

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4898

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 746

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 8 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - 1031 Cleveland

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1031 Cleveland

2198

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELLEN
c. (Last): RUSSELL

4. DATE OF DEATH (Month) (Day) (Year): 2-17-51

5. SEX: Fe
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 21
8. DATE OF BIRTH: Aug. 5, 1861
9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): N. Y. C. N. Y.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Michael Brennan
13b. MOTHER'S MAIDEN NAME: Catherine Howard
14. NAME OF HUSBAND OR WIFE: Michael J. Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mary De Feo, 1031 Cleveland
ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Auricular Fibrillation
DUE TO (c): Hypertensive Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 443 X

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) m.
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* Feb 14, 1951, *to* Feb 17, 1951, *that I last saw the deceased alive on* Feb 14, 1951, *and that death occurred at* 8:00 a.m. 2-17-51 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. S. Myers M. D.
23b. ADDRESS: 815 Shukert Bldg, K.C., 6, Mo.
23c. DATE SIGNED: Feb 17, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-19-51
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem.
24d. LOCATION (City, town, or county) (State): Kansas City, Ks.

DATE REC'D BY LOCAL REG.: 2-17-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Nellady McGilley-Cifar
ADDRESS: K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. S. Myers
815 Shukert Bldg.

Removal 1113 [illegible]

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.....
Licensed Embalmer No.....
P. O. Address.....

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.