

REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17740

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85
 (b) Township Primary Registration District No. 1001 Registered No. 516
 (c) City St. Joseph (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LOUISE - RUSSELL 240
 (a) Residence, No. 618 Hardin St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Whit</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 13 1921</u>		
7. AGE	YEARS	MONTHS
<u>16</u>	<u>8</u>	<u>28</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Student</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Lafayette High School</u>		
10. Date deceased last worked at this occupation (month and year) <u>Apr 22 - 1938</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oregon</u>		
13. NAME <u>Goldie Russell</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Joseph Mo.</u>		
15. MAIDEN NAME <u>Ethel Thompson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baileysville Kansas</u>		
17. INFORMANT (ADDRESS) <u>Mr E. J. Russell St. Joseph Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belmont Cem. without</u> DATE <u>May 13 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>St. Joseph Home St. Joseph Mo.</u>		
20. FILED <u>Tr 38</u> <u>W. J. Hestabach</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>May 11 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>May 6 1938</u> to <u>May 11 1938</u> I last saw <u>her</u> alive on <u>May 11 1938</u> . Death is said to have occurred on the date stated above, at <u>10 A. m.</u> The principal cause of death and related causes of importance were as follows: <u>Encephalitis</u> <u>Resulting from</u> <u>Acute Nephritis following</u> <u>an attack of Influenza.</u>
Date of onset <u>May 6 38</u>
Other contributory causes of importance: <u>Enfeezog</u> <u>11 B. April 1938.</u> <u>Acute Nephritis</u>
Name of operation
What test confirmed diagnosis? <u>Chemical + Post Mortem</u> Date of <u>Was there an autopsy?</u>
If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) <u>J. W. Myers</u> , M. D. (Address) <u>301 Bullinger Bldg</u>

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John Ray Stacey, Licensed Embalmer No. 2435

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

No. L. E. myself
and Dale W. Custer, Registered Apprentice No. 124
or by.....
working under my personal supervision.

Signed John Ray Stacey
Licensed Embalmer No. 2435

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.)