

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville

(c) Name of hospital or institution 116 North Buch. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days 2 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Maryville
(If outside city or town limits, write "RURAL")

(d) Street No. 116 N. Buchanan St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JOSEPH JEWETT RUSSELL

3. (b) If veteran, name war _____

3. (c) Social Security No. none.

4. Sex M 5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Ardelle Russell

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Mar. 17, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 4
If less than one day hr. _____ min. _____

9. Birthplace Nodaway Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Supervisor

11. Industry or business Farmers Loan Co.

12. Name Stephen James Russell

13. Birthplace Lee County Va.
(City, town, or county) (State or foreign country)

14. Maiden name Susan Margaret Miller

15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant's name Mrs. Anna Russell

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof July 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaMar Cemetery

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) 7-22-40 (b) Manue & Chardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1940 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from June 15-40
July 21, 1940, to July 19, 1940;
that I last saw him alive on July 19, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure from
Myocardial Infarction
Left Middle Artery

Due to artery

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

556 (Specify type of place) (e) Means of injury

While at work _____

23. Signature Chas. J. Bell (M. D. or other)

Address Maryville Mo. Date signed 7/22/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John W. Price

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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, above space should be left blank.