No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41431

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4824

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wheatley Provident Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12/10 to (Specify whether

In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2213 Flora Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME John Baptist Russell

3. (b) If veteran, name war World War

3. (c) Social Security No. 493-12-7645

4. Sex M

5. Color or race Col

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

6. (b) Name of husband or wife Ruth C. Russell

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased August (Month) 9, (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	4	7	hr. min.

9. Birthplace Glasgow (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Park Board

FATHER
12. Name William Russell
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Amelia Williams
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Edna May

(b) Address 4330 Penn

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 12-19-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th year 1940 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 10, 19..., to Dec. 16, 1940; that I last saw him alive on Dec 16, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis (atrophic)

Due to of Liver

Due to Cause Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy —

124 B

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? — (Specify type of place)

While at work? — (e) Means of injury —

23. Signature S. C. Turner (M. D. or other)

Address 1830 Vine St. Date signed 12/18/40

(Licensed Embalmer's Statement on Reverse Side)

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.....Isaac Jerome Manlov

Licensed Embalmer No.....3994

P. O. Address.....1120 E. 23rd St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.