

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.

STANDARD CERTIFICATE OF DEATH

State File No. 2073

Registration District No. 12d

Primary Registration District No. 2009

Registrar's No. 20

1. PLACE OF DEATH:

(a) County. Cape Girardeau

(b) City or town. Cape Girardeau

(c) Name of hospital or institution: St. Mary's Hospital  
(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. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Cape County

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

(d) Street No. \_\_\_\_\_  
(If rural, give location) 1

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

3. (a) PRINT FULL NAME. EHAM Russell

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1941 hour 2 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1/6/41  
\_\_\_\_\_, 1941 to 1/14, 1941  
that I last saw him alive on 1/14, 1941  
and that death occurred on the date and hour stated above.

4. Sex. M

5. Color or race. W

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

(b) Name of husband or wife. Nellie Russell

(c) Age of husband or wife if alive. 69 years

7. Birth date of deceased. February 28 1871  
(Month) (Day) (Year)

Immediate cause of death. Cerebral Hemorrhage

Due to. Hypertension

Due to. 47

Other conditions. \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 69 Months 10 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace. P. F. Jackson, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name. Elam J. Russell

13. Birthplace. Cape Girardeau, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name. Nancy Woodruff

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature. E. B. Russell

(b) Address. Jackson, Mo. P. F. J.

17. (a) Burial (b) Date thereof. Jan 16-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Resurrection Cemetery

18. (a) Signature of funeral director. W. C. ...

(b) Address. Jackson, Mo.

19. (a) 1-14-41 (b) J. M. Thompson  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature. J. M. Thompson (M. D. or other) \_\_\_\_\_  
Address. Cape Girardeau Date signed \_\_\_\_\_

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**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.....

Licensed Embalmer No. 4055 -

P. O. Address Jackson, Miss.

**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.**