

S. No. 2
9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3818

State File No. _____

FILED FEB 13 1942
Anderson

Registration District No. 221

Primary Registration District No. 4553

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

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

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME George Albert Russell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Martha Russell

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased 1 30 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>11</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation Postmaster

11. Industry or business _____

MOTHER FATHER

12. Name Gabe Russell

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

14. Maiden name Hanna Mary Mansfield

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

16. (a) Informant Frank L. Russell
(b) Address Charleston Mo.

17. (a) Burial (b) Date thereof 1/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Charleston Mo.

18. (a) Signature of funeral director Hunter Whitton
(b) Address Sikeston Mo.

19. (a) 1-20-42 (b) W. G. Anderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 24
year 1942 hour 1 minute 30 PM.

21. I hereby certify that I attended the deceased from 1-17-42 to 1-24-42
that I last saw him alive on 1-24-42
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis - 1 week and acute myocarditis 1 week

Due to Chronic Bronchitis 1 year

Due to Chronic Bronchitis 2 years

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

Major findings: Of operations 94a

Of autopsy no

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) no

(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 10

23. Signature W. G. Anderson (M. D. or other) _____
Address Sikeston, Mo. Date signed 1-26-42

1039

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 2-42-163

Date Filed 2-40-42

JUL 17 1942

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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed Hunter Allerton

Licensed Embalmer No. 4210

P. O. Address Sikeston 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, fact should be so stated above.