

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

34486

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 10 1942

Registration District No. 270

Primary Registration District No. 59093050

Registrar's No. 71

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

1. PLACE OF DEATH:

(a) County Pemiscot

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

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

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

In this community All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

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

(d) Street No. 5 Mi. South of Caruthersville
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT BENNEN RUSSOM

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 Single

6. (b) Name of husband or wife if alive _____ years

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

7. Birth date of deceased Oct 31, 1942
(Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name R. J. Russom

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

14. Maiden name Inez Murphy

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

16. (a) Informant L. M. Murphy

(b) Address Caruthersville, Mo.

17. (a) Burial (b) Date thereof 10-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie Cem.

18. (a) Signature of funeral director LaForge Und. Co.

(b) Address Caruthersville, Mo.

19. (a) 10-12-1942 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 12th
year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct. 4 - 1942 to Oct. 12 - 1942
that I last saw him alive on Oct. 8 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 5 days

Due to Malnutrition 1 mo.

Due to _____

Other conditions 158
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature J. R. Lamon (M. D. or other)
Address Caruthersville, Mo. Date signed 10-12-42

1206 (Licensed Embalmer's Statement on Reverse Side)

11-42-24

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.....
..... NOT EMBALMED, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.