. No. 2
—9-4-41
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6000

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 51

1. PLACE OF DEATH
(a) County Cape
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Hrs. (Specify whether
In this community 10 Hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State No (b) County Cape 16
(c) City or town Cape Girardeau
(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 ✓

3. (a) PRINT FULL NAME Infant Russell
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Feb. 13 (Month) 14 (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day 10 hr. min.

9. Birthplace Cape Girardeau (City, town, or county) No (State or foreign country)
10. Usual occupation ✓
11. Industry or business
FATHER
12. Name A. L. Russell
13. Birthplace Mason City (City, town, or county) Tenn. 1 (State or foreign country)
MOTHER
14. Maiden name Charlotte Lankford
15. Birthplace Hickman (City, town, or county) Ky. 1 (State or foreign country)
16. (a) Informant A. L. Russell
(b) Address Chaffee No
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-14-43 (Month) (Day) (Year)
(c) Place: burial or cremation Chaffee No
18. (a) Signature of funeral director E. M. Stubbs
(b) Address Chaffee No
19. (a) 2-12-43 (Date received local registrar) (b) F. H. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14
year 1943 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from 2/13, 1943, to 2/14, 1943
that I last saw him alive on 2/13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity (5½ mo)
Due to (Atelectasis)
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

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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 A. Duerth (M. D. or other) MD
Address Cape Girardeau Date signed 2/14/43

1014 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-190

Date Filed 3-8-43

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.....

P. O. Address.....

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

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