

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17621
 Do not use this space.

FILED JUN 8 1943

1. PLACE OF DEATH *Clark Union*
 (a) County..... Registration District No. *70*
 (b) Township..... Primary Registration District No. *5283*
 (c) City..... (d) Street No.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Robert Ralph Russell*
 (a) Residence, No. *Clark Co Mo Rural* St. (If nonresident, give city or town and State) *0*

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
6	6	6	11	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.....			
	9. Industry or business in which work was done, as saw mill, bank, etc..... Child			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawwassie Mo 0 Shaunnee Co			
	13. NAME Virgel Russle			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winona Mo 0			
	15. MAIDEN NAME Ruby Neal			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawwassie Mo 0 Shaunnee Co				
17. INFORMANT (ADDRESS) Ruth Winters Winona Mo				
18. BURIAL, CREMATION, OR REMOVAL PLACE Shannon Co Mount Zion Cem DATE May 18 '43				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) South & Bushell Wyaconda Mo				
20. FILED 5-17 43 Perry & Barton Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 , 19 43	
22. I HEREBY CERTIFY, That I attended deceased from 19..... to May 15 19.....	
I last saw h..... alive on May 15 , 19..... Death is said to have occurred on the date stated above, at 10 P m.	
The principal cause of death and related causes of importance were as follows: Burned to death Residence Burned Probable Cause Lightning	
Other contributory causes of importance: 192-1 99	
Name of operation.....	Date of.....
What test confirmed diagnosis?.....	Was there an autopsy?.....
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury 122 , 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury.....	Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) J. L. McCoswell Coroner, M. D. (Address) Revere Mo	

1023 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X18605

RECEIVED

District Health Officer No. 10

District File Number 6-43-986

Date Filed JUN 7 1943

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.