

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 11 1940

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 79

1. PLACE OF DEATH:

(a) County Madaway
 (b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
411 East 7th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether

In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madaway
 (c) City or town Maryville
(If outside city or town limits, write "RURAL")
 (d) Street No. 821 East Thompson
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

3. (a) PRINT FULL NAME Allen Russnogle

3. (b) If veteran, name war 3. (c) Social Security No. 488-14-5316

4. Sex M 5. Color of race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Mahala Russnogle 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased May 28 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>13</u> hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER

12. Name John Russnogle
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Louney
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Russnogle

(b) Address Skidmore Missouri

17. (a) Burial (b) Date thereof 5-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 951 South Main Maryville Mo

19. (a) May 24, 1943 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
 year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Due to Chronic Myocarditis with decompensation

Due to
 Other conditions (include pregnancy within 3 months of death) g3d

Major findings:
 Of operations
 Of autopsy Chronic Inquest

Duration Sudden
 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 Yes (Specify type of place) (e) Means of Injury.....

23. Signature W.R. Jarman (M. D. or other)
 Address Maryville Mo Date signed 5-13-43

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

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Mayville 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.