

FILED AUG 23 1948 318

Registration District No. _____

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pronounced dead at City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3rd. Spence
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME: JOHN W. RUSSELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-14-8608

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Dec 5 1912
(Month) (Day) (Year)

8. AGE: Years 31 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Tent & awning

12. Name William Russell

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

14. Maiden name Doonan

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

16. (a) Informant Mrs. Josephine

(b) Address 904 S 18th Street

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 17 1948 (Month) (Day) (Year)

(c) Place: burial or cremation New Parkers

18. (a) Signature of funeral director John P. Olsen

(b) Address 928 N Grand Blvd

19. (a) AUG 16 1948 (Date received local registrar) (b) J. Z. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town Madison
(If outside city or town limits, write "RURAL")
(d) Street No. 904 S 18th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1948 hour 12 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Heart Stroke

Due to _____

Due to 1912

Other conditions (Include pregnancy within 3 months of death) 99

Major findings: Of operations _____

Of autopsy _____

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 Thomas J. Callahan (M.D. or other) _____
Address Deputy Coroner Date signed 8/16/48

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

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MOTHER FATHER

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

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

John Agowski

Licensed Embalmer No. *3398*

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.