

FILED NOV 19 1943
 Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1400 Oakley
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 4 years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Amanda Jane Russell
 3. (b) If veteran, name war --
 3. (c) Social Security No. None

4. Sex F
 5. Color or race W
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John W. Russell
 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased Feb. 29, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>90</u>	<u>8</u>	<u>4</u>	_____ hr. _____ min.

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

10. Usual occupation Retired
 11. Industry or business At Home

MOTHER FATHER {
 12. Name No record
 13. Birthplace No Record
(City, town, or county) (State or foreign country)
 14. Maiden name No Record
 15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Sawyer
 (b) Address 1400 Oakley, K.C. Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 11-5-43
(Month) (Day) (Year)
 (c) Place: burial or cremation Mt Zion Cemetery

18. (a) Signature of funeral director Sheil Funeral Home
 (b) Address K.C. Mo.

19. (a) 11-4-43 (b) P. E. Brown
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 1400 Oakley
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 3
 year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Dec 10, 1940 to Oct 23, 1940
 that I last saw her alive on Oct 20, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility
 Due to Cardiac/Vascular Renal Disease (Chronic) 2 yrs
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy None

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 Chas. T. Borden (M. D. or other) _____
 Address By Mrs. C. T. Borden Date signed _____

On Order

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, fact should be so stated above.