

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 10 1943

Registration District No. 58

Primary Registration District No. 3010

Registrar's No. 379

1. PLACE OF DEATH

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 426 North Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Rosa Raney Russell

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lewis A. Russell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 11, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 6 4 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Hugh Raney

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

14. Maiden name Louisa Handling

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

16. (a) Informant Louise R. Sparks Louise R. Sparks

(b) Address 426 North St., Cape Girardeau, Mo.

17. (a) Removal (b) Date thereof Nov. 19, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director F. J. Sparks  
(b) Address Cape Girardeau, Mo.

19. (a) 11-18-43 (b) F. J. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau 016  
(If outside city or town limits, write "RURAL")  
(d) Street No. 426 North Street 1  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15  
year 1943 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 6-10- 1943 to 11- 15- 1943  
that I last saw her alive on 11- 14- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease  
to Left Hemiplegia Duration 8 mos.

Due to \_\_\_\_\_  
Due to Arteriosclerosis 12 mos.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 93d PHYSICIAN  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. A. Singal (M. D. or other) \_\_\_\_\_  
Address 204 Summit St. Cape Girardeau, Mo. Date signed 11-15-43

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

16  
4

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 1243-3060

Date Filed 12-9-43

APR 4 1950

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 C. S. Donaldson  
F. J. Spotts

Licensed Embalmer No. 3453

P. O. Address Cape Breton

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.