

No. 2
-2-43
-17-39
X35897

Dr. W. S. Cleveland

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42674

State File No. _____

FILED JAN 14 1944

Registration District No. 136

Primary Registration District No. 2001

Registrar's No. 689

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

1. PLACE OF DEATH:

(c) County Jasper

(b) City or town Jasper
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 41 years
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAMES Sarah C. Russell

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased June 23 1864
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Stone County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name H. C. Wilson

13. Birthplace no record 9
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hobart Russell

(b) Address 1101 Hill St

17. (a) Burial (b) Date thereof 12-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

18. (a) Signature of funeral director Franklin Dillion

(b) Address 474 W. Maple St

19. (a) 12-21-43 (b) Gutubud Sudholte
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Jasper 2
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1101 Hill St
(If rural, give location)

(e) Citizen of foreign country? No (If No) _____
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1943 hour 7 minute 30 P M.

21. I hereby certify that I attended the deceased from Apr. 19 1943 to Dec 18 1943
that I last saw her alive on Dec 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Arteriosclerosis

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

Major findings: Of operations 9322

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) (a) Means of injury _____

23. Signature W. S. Cleveland, D. (M. D.)

Address Jasper Mo Date signed 12-28-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

43-12-1025

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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..... *David Hillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, 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.