

No. 2  
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5-17-39  
X32873

FILED FEB 14 1944

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH: Marion

(a) County: Marion

(b) City or town: Hannibal

(c) Name of hospital or institution: St. Elizabeths

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 10 hrs

In this community: Life-Time

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Marion

(c) City or town: Palmyra

(d) Street No.: 219 Olive

(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME: Julia McCormic Russell

(b) If veteran, name war: No.

(c) Social Security No.:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 1 day: 11

year: 1944 hour: 11 minut: 30 p.m.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: SINGLE

(b) Name of husband or wife:

(c) Age of husband or wife if alive: 25-1881

7. Birth date of deceased: Palmyra Mo. 11-25-1881

(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 1943 to January 9<sup>th</sup> 1944

that I last saw him alive on January 9<sup>th</sup> 1944

and that death occurred on the date and hour stated above.

Immediate cause of death: Asthma

Duration

8. AGE:	Years	Months	Days	If less than one day
	62	1	18	hr. min.

Due to: Chron. endocarditis

9. Birthplace: Palmyra Mo.

(City, town, or county) (State or foreign country)

Due to:

10. Usual occupation: None

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

11. Industry or business:

Major findings: Of operations:

12. Name: J. W. Russell

13. Birthplace: Lexington Mo.

(City, town, or county) (State or foreign country)

14. Maiden name: Vera McCormic

Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

15. Birthplace: Wheeling W. Va.

(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Sarah Russell

(b) Address: Palmyra Mo.

22. If death was due to external causes, fill in the following:

17. (a) Greenwood-Cem (b) Date thereof: 1-15-1944

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Palmyra Mo.

(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?

18. (a) Signature of funeral director: A. M. Sprague

(b) Address: Palmyra Mo. P.O. Box 181

19. (a) 1-15-44 (b) R. W. Conner

(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) Means of injury

23. Signature: R. W. Conner (M. D. or other)

Address: Palmyra Mo. Date signed: 1/15-44

APR 28 1944

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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..... *A. M. Sprague*.....  
Licensed Embalmer No..... *999*.....  
P. O. Address..... *Palmyra 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.**