

S. No. 2
M-9-4-41
v. 5-17-39
X29484

37016

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.....

FILED NOV 25 1944

Registration District No. 2

Primary Registration District No. 5020

Registrar's No.....

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Buchanan
(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 1
(Specify whether years, months or days) 11 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural near Hamburg
(If outside city or town limits, write "RURAL")
(d) Street No. L (If rural, give location)
(e) Citizen of foreign country? L (Yes or No)
If yes, name country. L

3. (a) PRINT FULL NAME S E Russell

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Winnie Brown 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased March 21 1904
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 2 1/2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business for himself

12. Name Edward Russell
13. Birthplace Mills Co. Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ella Rodman
15. Birthplace Mills Co. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Winnie Russell
(b) Address Hamburg Iowa

17. (a) Burial (b) Date thereof Oct 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant Cemetery

18. (a) Signature of funeral director Walter Jones
(b) Address Hamburg Iowa

19. (a) Oct. 25 44 (b) G. A. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17th
year 1944 hour 7 minute a M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Gun shot wound

Due to Accidental firing of 12 gage shot gun

Due to.....

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

Major findings:
Of operations.....
Of autopsy.....
184-8
17

Duration
PHYSICIAN
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) Accident 003

(b) Date of occurrence Oct. 17th 1944

(c) Where did injury occur? Atchison Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At farm home

While at work? Yes (Specify type of place) (r) Means of injury Coroner
23. Signature Westboro (M. D. or other)
Address Westboro, MO Date signed.....

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

MOTHER FATHER

1164

(Licensed Embalmer's Statement on Reverse Side)

10-17-44

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.....

Oral C. Johnson

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Oral C. Johnson

Licensed Embalmer No. *2839*

P. O. Address.....

Hamby, Iowa

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.