

FILED DEC 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4885

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
812 Euc lid Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community Over Eight years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Albert Russaw

3. (b) If veteran, name war no

3. (c) Social Security No. 496-09-2339

4. Sex Male Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie Russaw

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 6 1893  
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Bomp Russaw

13. Birthplace Atlanta Ga  
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Solomon

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

16. (a) Informant Addie Russaw

(b) Address 812 Euclid

17. (a) Burial (Date thereof 12-1-1944)  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, Dept. Appleton job

18. (a) Signature of funeral director W. H. Brown

(b) Address 1905 Vine St

19. (a) Dec 4 1944 (Date received local registrar) (b) W. H. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 812 Euclid Ave  
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 28  
year 1944 hour 5:00 minute A.M.

21. I hereby certify that I attended the deceased from Nov 25  
11 to Nov 28 1944  
that I last saw him alive on Nov 27 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Mitral Regurgitation

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death) 92k

Major findings: Of operations.....

Of autopsy.....

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).....

(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. H. Brown (M. D. or other)  
Address 1412 E 12 Date signed 11/30/44

**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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 2710

P. O. Address. K. A. 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.**