S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 13 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3011

Registration District No. 270 Primary Registration District No. 5909 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township) Little Prairie Twp.
(c) Name of hospital or institution: Rt#1, Caruthersville
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 65 Years (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot 78
(c) City or town Rural 0 (If outside city or town limits, write "RURAL")
(d) Street No. Rt. # 1, Caruthersville 0 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME JACK RUSSELL
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased June (Month) 25 (Day) 1855 (Year)

8. AGE: Years 89 Months 6 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Murry County, (City, town, or county) Tennessee (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business Farming
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Earl Anderson
(b) Address Rt. # 1, Caruthersville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/45 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director H. B. Smith Funeral Home
(b) Address Caruthersville, Missouri
19. (a) 1-14-1945 (Date received local registrar) (b) Jessie N. Markey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th. year 1945 hour 9 minute 10 a. M.
21. I hereby certify that I attended the deceased from JAN. 8, 1945 to JAN. 8, 1945; that I last saw him alive on JAN. 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
SENILITY	?
Due to –	
Due to –	
Other conditions – (Include pregnancy within 3 months of death)	

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 [illegible] (M. D. or Coroner) XXXX
Address CARUTHERSVILLE, MO. Date signed 1-10-45

1206 (Licensed Embalmer's Statement on Reverse Side)

1-45-11

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~~ Elvin E. Levy, Registered Apprentice No. 368, working under my personal supervision.

Signed E. E. White

Licensed Embalmer No. 4168

P. O. Address Carutherasville, 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.