

FILED MAR 29 1945

Registration District No. **290** Primary Registration District No. **3050**

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

1. PLACE OF DEATH:

(a) County **Pemiscot**
(b) City or town **Caruthersville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Hattie Russell**

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

4. Sex **F** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Alfred Russell** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **alt 50** Months Days If less than one day hr. min.

9. Birthplace **DK** **Miss.** (City, town, or county) (State or foreign country)

10. Usual occupation **House Work**

11. Industry or business **none**

MOTHER FATHER { 12. Name **John Lewis**
13. Birthplace **Miss.** (City, town, or county) (State or foreign country)
14. Maiden name **DK**
15. Birthplace **DK** (City, town, or county) (State or foreign country)

16. (a) Informant **Alfred Russell**

(b) Address **Caruthersville Mo**

17. (a) **Burial** (b) Date thereof **1-31-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Smith Cem Caruthersville**

18. (a) Signature of funeral director **Herman James Stone**

(b) Address **Steele Mo**

19. (a) **3-3-1945** (b) **Jessie M. Markey**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Caruthersville** (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **30** year **1945** hour **4:00** minute _____ A. M.

21. I hereby certify that I attended the deceased from **Jan. 20**, 19**45**, to **Jan. 30**, 19**45**.
That I last saw **her** alive on **Jan. 23**, 19**45** and that death occurred on the date and hour stated above.

Immediate cause of death **Hepatic Carcinoma** Duration _____

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?

(Specify type of place) While at work _____ (c) Means of injury _____
23. Signature **Geo P. Phipps** (M. D. or other) _____
Address **Caruthersville Mo** Date signed **1/30/45**

1206

2-45-46

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: *John W. Gorman*

Licensed Embalmer No. *4355*

P. O. Address *Staley, Md. Bay 17*

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.