No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30795

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Jasper Co TB Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 months (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence 4 (If outside city or town limits, write "RURAL")

(d) Street No. County Home 4 (If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Julia Anne Russell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept (Month) 21 (Day) 1872 (Year)

8. AGE: Years 72 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Micheal Horon
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Mathis
15. Birthplace Ireland 11 (City, town, or county) (State or foreign country)

16. (a) Informant Records 1

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery

18. (a) Signature of funeral director Hedge Lewis

(b) Address Webb City Mo.

19. (a) Sept. 4, 1945 (Date received local registrar) (b) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Sept day 4 year 1945 hour 9 minute 50 a M.

21. I hereby certify that I attended the deceased from Dec 15, 1943, to Sept 4, 1945, that I last saw her alive on Sept 4, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 13 L

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)

(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? (e) Means of injury 0

23. Signature Jesse E Douglass (M. D. or ~~other~~)

Address Webb City Mo Date signed 9/4/45

1180 (Licensed Embalmer's Statement on Reverse Side)

45-9-142

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 Richard Grace Lewis, Registered Apprentice No. 365, working under my personal supervision.

Signed E. H. Kedy

Licensed Embalmer No. 2859

P. O. Address Webb City 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.