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

5425

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6467

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: St Elizabeth Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Rolls 87

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

(d) Street No. ..... (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Frank Russell

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased April (Month) 10 (Day) 1867 (Year)

8. AGE: Years 78 Months 9 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name James Russell
13. Birthplace ..... (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Anna Crosiere
15. Birthplace ..... (City, town, or county) Penn (State or foreign country)

16. (a) Informant Oney Newlon
(b) Address New London, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-46 (Month) (Day) (Year)

(c) Place: burial or cremation Barkley Cemetery New London Mo

18. (a) Signature of funeral director Jas D Hennel
(b) Address Hannibal Mo

19. (a) 2-2-46 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24 year 1946 hour ..... minute 8:00 P.M.

21. I hereby certify that I attended the deceased from Jan 20, 1946, to Jan 24, 1946, that I last saw him alive on Jan 24, 1946; and that death occurred on the date and hour stated above:

Immediate cause of death Chronic myocarditis

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

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 .....

23. Signature [signature] (M. D. or other)

Address [illegible] Date signed .....

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(Licensed Embalmer's Statement on Reverse Side)

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 L. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Stanberry, 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.