

No. 2  
2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8890

State File No.

Registrar's No.

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:

(a) County Cole  
 (b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
811 E. Elm. St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
 (c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 811 E. Elm St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dow Russell

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

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. JENNIE 6. (c) Age of ~~husband~~ or wife if alive. 80 years

7. Birth date of deceased Feb. 5, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 1 0 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cole Co. Mo. \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Harriett Benton

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

16. (a) Informant William Russell

(b) Address 811 E. Elm Jefferson City, Mo.

17. (a) Burial (b) Date thereof 3/6/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longview Cemetery

18. (a) Signature of funeral director Victor Buscher

(b) Address Jefferson City, Mo.

19. (a) 3-7-46 (b) R. P. ...  
(Date received for registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5  
 year 46 hour 12 minute 30 AM

21. I hereby certify that I attended the deceased from head when viewed  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death of age  
 \_\_\_\_\_

Due to Cerebral hemorrhage

Due to Hypertension

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy 30

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 3

23. Signature J. R. ...  
(M. D. or other)

Address Jefferson City, Mo. Date signed 3-7-46

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

RECEIVED  
District Health Officer No. 9,

District File Number.....

Date Filed 3-12-46

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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 Victor Buscher.....

Licensed Embalmer No. 3701.....

P. O. Address Jefferson 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.