V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23786

FILED AUG 14 1946

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3298

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: General Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr. (Specify whether years, months or days)
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 4822 E. 18th St. 8
(If rural, give location) 0

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

If yes, name country _____

3. (a) PRINT FULL NAME: Helen L. Russell

3. (b) If veteran, name war: No

3. (c) Social Security No. 494-12-8224

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Clyde R. Russell

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

7. Birth date of deceased: May (Month) 11 (Day) 1921 (Year)

8. AGE: Years 25 | Months 2 | Days 17 | If less than one day _____ hr. _____ min.

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

10. Usual occupation: Waitress

11. Industry or business _____

FATHER
12. Name: Thomas Kingston
13. Birthplace: Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mary Stewart
15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Mary Kingston
(b) Address: 4822 E. 18th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 31, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Springs, Mo.

18. (a) Signature of funeral director: Earp & Sons
(b) Address: 4139 E. 15th. St.

19. (a) 7-30-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 28 year 1946 hour 9:00 minute 0 A. M.

21. I hereby certify that I attended the deceased from _____, 19__, to _____, 19__; that I last saw h. alive on _____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gun shot wound of head	
Due to: Suicide	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 164 c	

Major findings:
Of operations _____

Of autopsy: no
History + Inspection

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): Suicide
(b) Date of occurrence: 7-28-46
(c) Where did injury occur? Kc. Jackson Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial Place (Specify type of place)
While at work? yes (e) Means of injury: 38 Pistol

23. Signature: [illegible] (M.D.) [illegible]
Address: 1424 [illegible] Date signed: 7-29-46

(Licensed Embalmer's Statement on Reverse Side)

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

22642

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 B. Lamp

Licensed Embalmer No. 29 5-5

P. O. Address K. C. 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.