

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30438

FILED SEP 25 1946
149

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3873

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 Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 558 Main
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harry Russler (Michael)

3. (b) If veteran, name war No

3. (c) Social Security No. 500-14-1656

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1946 hour 9 minute 25 A.M.

4. Sex Male

5. Color or race White

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

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

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

21. I hereby certify that I attended the deceased from 2 Aug. 28 19 46 to Sept. 10 19 46
that I last saw him alive on Sept. 10 19 46
and that death occurred on the date and hour stated above.

7. Birth date of deceased July 6 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 4 hr. min.

Immediate cause of death
Cirrhosis of liver with hemorrhage ruptured esophageal varix

Due to _____

Due to _____

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

Other conditions 1248
(Include pregnancy within 3 months of death)

10. Usual occupation Machinist

11. Industry or business Milwaukee R. R.

12. Name Ben Russler

13. Birthplace Martinsburg W Va
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Flynn

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

16. (a) Informant Mrs. Blanche Beck

(b) Address 4416 Rosledge

17. (a) Burial (b) Date thereof 9/12/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Mark E. Tobin Co.

(b) Address 20 West Linwood

19. (a) 9-11-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: 1248

Of operations _____

Of autopsy See above

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

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 9-11-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Dr. Hicks

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 Howard W. Farmer
Licensed Embalmer No. 4134
P. O. Address Kanawha City, W. Va.

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.