

FILED NOV 20 1946

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 4696

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 weeks
In this community 58 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson
(c) City or town Kansas City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5628 Pembroke Lane
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Mignon Holmes Russell

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

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife J. Roy Russell 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased June 28 1884
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business X

12. Name Daniel B. Holmes

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

14. Maiden name Lyda B. Massey

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

16. (a) Informant J. Roy Russell

(b) Address 5628 Pembroke Lane, Johnson Co., KS

17. (a) burial (b) Date thereof 11-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 11-8-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1946 hour 10:05 minute A. M.

21. I hereby certify that I attended the deceased from Aug 11 - 1944 to Nov. 7 - 1946
that I last saw her alive on Nov. 7 - 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of the ovary, Neoplastic growth

Due to _____
Due to _____
Other conditions 4900
(Include pregnancy within 3 months of death)

Major findings: Generalized metastasis to abdomen.
Of operations _____
Of autopsy Not done

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? _____

While at work? _____ (Specify type of place)
(a) Means of injury 1

23. Signature Geraldine Holman (M. D. or other) _____
Address 1612 Prop. Bldg. Date signed 11-8-46

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

Dr. Ira Lockwood

Angyle Blodg

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 *J. Clair Shuppard*
Licensed Embalmer No. *4179*

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.