

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. 271 Primary Registration District No. 5911

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Parcola
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 1 1/2 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pemiscot
(c) City or town Rural
(d) Street No. 1/2 mi south east Parcola
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jess N. Russell
3. (b) If veteran name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 12 year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 11, 1947, to Jan 12, 1947, that I last saw him alive on Jan 12 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 22 years (Day) (Year)

Immediate cause of death Chronic Hypertension
Due to Hypertension, Arteriosclerosis
Due to Chronic Hypertension
Other conditions: (Include pregnancy within 3 months of death)
Major findings: 13/P
Of operations
Of autopsy

8. AGE: Years 66 Months 10 Days 21 If less than one day hr. min.
9. Birthplace unknown (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business
12. Name William Russell
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

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

16. (a) Informant George F Russell
(b) Address Hayes, Mo
17. (a) Burial (b) Date thereof Jan 14 1947
(c) Place: burial or cremation Wood Lawn Cemetery
18. (a) Signature of funeral director La Forge and Co
(b) Address Caruthersville, Mo
19. (a) 1-18-47 (b) Mrs. Jessie Savage
(Date received local Registrar) (Registrar's signature)

23. Signature J. P. ... (M. D. or other)
Address Hayes, Mo Date signed

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

8

1-47-28

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 *Noel C. Deane*

Licensed Embalmer No. *3941*

P. O. Address *Carruthersville*
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.