

No. 2  
12-45  
17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5045  
Registrar's No. 580

**FILED FEB 17 1947**

Registration District No. 1949

Primary Registration District No. 1002

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. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 DAYS  
(Specify whether years, months or days) 1 YR.

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. 1806 FOREST  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM RUSSELL

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex MALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife ORA RUSSELL 6. (c) Age of husband or wife if alive unk years  
7. Birth date of deceased MARCH 17, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>10</u>	<u>17</u>	.....hr. ....min.

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

10. Usual occupation COMMON LABORER

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

MOTHER, FATHER

12. Name WILLIAM RUSSELL SR.

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

14. Maiden name MARY COLEMAN

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

16. (a) Informant JOE WRIGHT (FRIEND)

(b) Address 1203 E. 18th ST.

17. (a) Burial (b) Date thereof 2-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Brady - Brown

(b) Address 1708 Tracy

19. (a) 2-7-47 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 4, year 1947 hour 1: minute 20 P.A.M.

21. I hereby certify that I attended the deceased from JANUARY 30, 1947 to FEBRUARY 4, 1947  
that I last saw him IM alive on FEBRUARY 4, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death TERMINAL BRONCHO-PNEUMONIA

Due to HYPERTENSIVE HEART DISEASE WITH DECOMPENSATION

Due to \_\_\_\_\_  
Other conditions DIABETES MELLITUS  
(Include pregnancy within 3 months of death)

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

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)  
(e) Means of injury \_\_\_\_\_

23. Signature Frank E. Davis (M. D. or other) M.D.  
Address GENERAL HOSPITAL NO. 2 Date signed 2/5/47

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

**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.....

Licensed Embalmer No. 1271

P. O. Address. Kansas 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.**