

S. No. 2  
M-5-43  
5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8118**  
Registrar's No. **24**

Registration District No. **44** Primary Registration District No. **5149**

1. PLACE OF DEATH:  
(a) County **Caldwell**  
(b) City or town **Rural**  
(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 **40 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Caldwell**  
(c) City or town **Rural**  
(d) Street No. **One Mile East Nettleton, Mo.**  
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **GEORGE WASHINGTON RUSSELL**  
(b) If veteran, name war **✓**  
(c) Social Security No. **✓**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **7** year **1947** hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from **Feb 7** 19**47** to **March 7** 19**47** that I last saw him alive on **Feb 11** 19**47** 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 **married**  
6. (b) Name of husband or wife **Unknown**  
6. (c) Age of husband or wife if alive **Unknown** years  
7. Birth date of deceased **November 2, 1857**

Immediate cause of death **Cardio-Vascular Renal Disease** Duration **3yrs**

8. AGE: Years **89** Months **4** Days **5**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: **BIA**  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace **Vicksburg Miss**

10. Usual occupation **Farming**

11. Industry or business **Farming**

12. Name **James Russell**

13. Birthplace **Unknown**

14. Maiden name **Melissa**

15. Birthplace **Unknown**

16. (a) Informant **Dan Russell**

(b) Address **Nettleton, Mo.**

17. (a) **Burial** (b) Date thereof **March 9, 1947**

(c) Place: burial or cremation **Bryckenridge, Mo.**

18. (a) Signature of general director **Geo C. Michael**

(b) Address **Braunton, Mo.**

19. (a) **3-20-47** (b) **Mrs. Nell B. Jones**

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 **D**  
23. Signature **Heitrich R. Boock** (M. D. or other) **MD**  
Address **Nettleton Mo** Date signed **3/8/47**

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

MOTHER FATHER

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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.....

*Gene C. Michael*

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.**