

State File No. \_\_\_\_\_  
Registrar's No. 66

Registration District No. 297 Primary Registration District No. 3057

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

**1. PLACE OF DEATH:**  
 (a) County Ray  
 (b) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
320 West Main St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No  
(Specify whether)  
 In this community 46 Years  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo. (b) County Ray  
 (c) City or town Richmond, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 320 West Main St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** James C. Russell  
 3. (b) If veteran, name war No 3. (c) Social Security No. 486-09-4205  
 4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased August 20, 1900  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month June day 26th  
 year 1947 hour 2 minute 30 A. M.  
 21. I hereby certify that I attended the deceased from June 26, 1947, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him alive on June 28, 1948, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>46</u>	<u>10</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death  
Acute Dilatation of Heart  
 Due to Bronchial Asthma  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Glasgow, Scotland  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Miner  
 11. Industry or business Coal Mining  
 12. Name Samuel Russell  
 13. Birthplace Unknown Scotland  
(City, town, or county) (State or foreign country)  
 14. Maiden name Agnes Cowan  
 15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

**MOTHER** {  
 16. (a) Informant Mrs. Agnes Russell  
 (b) Address Richmond, Mo.  
 17. (a) Burial (b) Date thereof 6/29/47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation City Cemetery  
 18. (a) Signature of funeral director Quest-Life F. Home  
 (b) Address Richmond, Mo.  
 19. (a) June 27, 1947 (b) Malid Jackson  
(Date received local registrar) (Registrar's signature)

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 G. E. Fay (M. D. or other) M. I. D.  
 Address Gay Bldg., Richmond, Mo. Date signed 6/27/47

RECEIVED

District Health Officer No. A,

District File Number .....

Date Filed ..... 2-15-47

MAR 26 1948

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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..... *James Ewert* .....

Licensed Embalmer No. *4096* .....

P. O. Address..... *Richmond, 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.