

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 127

1. PLACE OF DEATH:

(a) County Saline  
 (b) City or town Marshall, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
215 E. Vest  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 years, months or days) 45 Years

3. (a) PRINT FULL NAME Ira T. Russell

3. (b) If veteran, name war. # \_\_\_\_\_ 3. (c) Social Security No. # \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife LINA COLLIVER RUSSELL 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased November 1 1866  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 7 10 \_\_\_\_\_ hr. min.

9. Birthplace West Grove Iowa  
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business " " "

MOTHER FATHER { 12. Name Samuel Russell  
 13. Birthplace Western Pennsylvania  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Alice Virginia Tucker  
 15. Birthplace Clarksburg West Virginia  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. W. Bouton  
 (b) Address Cape Girardeau, Missouri

17. (a) Burial (b) Date thereof 6/12/48  
 (Burial, cremation or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director A. J. Hollis  
 (b) Address Marshall Mo.

19. (a) 6-12-1948 (b) Edith Gray  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
 (c) City or town Marshall  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 215 E. Vest  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11  
 year 1948 hour 11 minute 55 P.M.

21. I hereby certify that I attended the deceased from 5/24/48  
 \_\_\_\_\_, 19\_\_\_\_, to 6-11-48, 19\_\_\_\_;  
 that I last saw him alive on 6-11-48, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration \_\_\_\_\_

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

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

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature C. J. Warren (M. D. or other) DO  
 Address Marshall Mo. Date signed 6/12/48

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-17-48

AUG 20 1948

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. Louis Surrency

Licensed Embalmer No. 3255

P. O. Address Marshall, W. 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.