No. 2
-5-43
17-39
K36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1948

Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37240

State File No.

Primary Registration District No. ~~4277~~ 4275

Registrar's No. 101

1. PLACE OF DEATH:

(a) County LAWRENCE

(b) City or town MARIONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(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 64 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE 55

(c) City or town MARIONVILLE 2
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN ADAM RUSSELL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

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 JUNE 10 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 5 Days 3 If less than one day hr. min. 0

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

10. Usual occupation PLASTERER, BRICK MASON

11. Industry or business RETIRED

FATHER
12. Name ROBERT RUSSELL /
13. Birthplace INDIANA
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MALINDA SMITH
15. Birthplace INDIANA /
(City, town, or county) (State or foreign country)

16. (a) Informant MISS MARTHA RUSSELL
(b) Address MARIONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV. 14-48
(Month) (Day) (Year)
(c) Place: burial or cremation MARIONVILLE, MO.

18. (a) Signature of funeral director J B Surridge
(b) Address MARIONVILLE, MO.

19. (a) 11/14/48 (Date received local registrar) (b) Ora McNett (Registrar's signature) 157

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month NOVEMBER day 13
year 1948 hour 5:05 minute P. M.

21. I hereby certify that I attended the deceased from Nov 10, 1945 to Nov 13, 1948
that I last saw him alive on Nov 13, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Leukemia	3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature A. P. Rogers M.D. ~~(M. D. or other)~~

Address Marionville, Mo. Date signed 11/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1248-1320
Date Filed 12-6-48

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 William J. Fulks, Registered Apprentice No. 29, working under my personal supervision.

Signed Herman Durrida

Licensed Embalmer No. 3072

P. O. Address Marionville

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.