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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 2 3 0

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6 1 1 2 4

State File No. 39050

Registrar's No. 2 6

1. PLACE OF DEATH:

(a) County: Scott

(b) City or town: Ancill, Missouri
(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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County: 103

(c) City or town: 8
(If outside city or town limits, write "RURAL")

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

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

If yes, name country

3. (a) PRINT FULL NAME: GEORGE EDWARD RUSSELL

3. (b) If veteran, name war: 7-7-7

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: 21

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 59 | Months | Days | If less than one day: hr. min.

9. Birthplace (City, town, or county) (State or foreign country): Green Co. Ark.

10. Usual occupation

11. Industry or business: h

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

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

16. (a) Informant: State Patrol

(b) Address: Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/5/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Carpenter Cemetary

18. (a) Signature of funeral director: Taylor Funeral Home

(b) Address: Sikeston, Missouri.

19. (a) 11-9-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th. year 1948 hour minute M.

21. I hereby certify that I attended the deceased from After Death, 19, to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: FRACTURED SKULL	
Due to: FALL FROM TRAIN	
BODY UNCLAIMED	
Due to: NO OTHER INFORMATION AVAILABLE	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ACCIDENT 100

(b) Date of occurrence: SEPT 6, 1948

(c) Where did injury occur? Ancil Scott Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? COTTON BELT RAILROAD (Specify type of place) 3

While at work? (e) Means of injury: FALL FROM TRAIN

23. Signature: Owen Taylor M.D. Coroner

Address: Sikeston, Mo. Date signed 11/4/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1148-1547
Date Filed 11-17-48

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 J. E. McMakle, Registered Apprentice No. 251, working under my personal supervision.

Signed James Scott

Licensed Embalmer No. 4250

P. O. Address East Prairie, 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.