

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40730**

35
20

BIRTH NO. _____ REG. DIST. NO. 108 PRIMARY REG. DIST. NO. 5423 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Acadiah</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SENETT Mo. #1</u>	
c. LENGTH OF STAY (in this place) <u>8 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BLENDIA</u>	b. (Middle) <u>I</u>	c. (Last) <u>RUSSELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 19, 1949</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 20, 1879</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (State or foreign country) <u>Dallinger Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.A. Crites</u>	13b. MOTHER'S MAIDEN NAME <u>BLENDIA I BARKS</u>	14. NAME OF HUSBAND OR WIFE <u>CHARNEE RUSSELL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charnee Russell Senett, Mo #1</u>	ADDRESS <u>Senett, Mo #1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of chest & throat</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1948</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ ✓ DUE TO (c) _____ ✓		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____ ✓		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 30, 1949 to Dec 19, 1949, that I last saw the deceased alive on Dec 19, 1949, and that death occurred at 7 P m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert E Martin MD</u>	23b. ADDRESS <u>Senath Mo.</u>	23c. DATE SIGNED <u>12/20/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12/21/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Senett, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-19-49</u>	REGISTRAR'S SIGNATURE <u>Mrs J. H. Lanier</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLain & McDaniel Service Co Senath</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rec. DUNKLIN COUNTY HEALTH DEPARTMENT
KENNETT, MISSOURI 12-27-49

County File No. 1249-43

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

A J Handford

Licensed Embalmer No. 4466

P. O. Address Senath Mo

Signed _____
Student Embalmer

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.