

Filed MAY 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16631

BIRTH NO. _____ REG. DIST. NO. 289 PRIMARY REG. DIST. NO. 3043 Registrar's No. 143

1. PLACE OF DEATH

a. COUNTY **Marion**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hannibal**

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2120 W. Gordon St.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Marion**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Hannibal**

d. STREET ADDRESS (If rural, give location) **2120 W. Gordon St.**

3. NAME OF DECEASED

a. (First) **Alexander** b. (Middle) **Russell** c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) **5-5-54**

5. SEX **Male** **6. COLOR OR RACE** **Colored** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married** **8. DATE OF BIRTH** **6/20/1884**

9. AGE (In years last birthday) **69** **IF UNDER 1 YEAR** Months **10** Days **0** **IF UNDER 24 HRS.** Hours **0** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Driver** **10b. KIND OF BUSINESS OR INDUSTRY** **Condan Coal Co.** **11. BIRTHPLACE** (State or foreign country) **Ralls Co., Mo.** **12. CITIZEN OF WHAT COUNTRY?** **USA**

13a. FATHER'S NAME **Joseph Russell** **13b. MOTHER'S MAIDEN NAME** **Margaret Chennet** **14. NAME OF HUSBAND OR WIFE** **Bertha Russell**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** **17. INFORMANT'S SIGNATURE OR NAME** **Mrs. Bertha Russell** **ADDRESS** **2120 W. Gordon**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Lung Right.** **MEDICAL CERTIFICATION** **Hannibal, Mo.** **INTERVAL BETWEEN ONSET AND DEATH**

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** **163X** **20. AUTOPSY?** YES NO

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)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from **April 19, 1954**, to **May 5, 1954**, that I last saw the deceased alive on **May 5, 1954**, and that death occurred at **5:00 P** m., from the causes and on the date stated above.

23a. SIGNATURE **Ed M. Luake** (Degree or title) **23b. ADDRESS** **910 Broadway, Hannibal.** **23c. DATE SIGNED** **5-10-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **5/8/54** **24c. NAME OF CEMETERY OR CREMATORY** **Robinson Cemetery** **24d. LOCATION** (City, town, or county) (State) **Hannibal, Mo.**

DATE REC'D BY LOCAL REG. **5/13/54** **REGISTRAR'S SIGNATURE** **Ed M. Luake Deputy** **25. FUNERAL DIRECTOR'S SIGNATURE** **Michael J. O'Hanlon** **ADDRESS** **Hannibal Mo**

(Licensed Embalmer's Statement on Reverse Side)

149-0

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

MAY 21 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED MAY 21 1954

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.

Student
Student Embalmer

Signed *Michael J. O'Sullivan*

Licensed Embalmer No. *3246*

P. O. Address *Wenribel 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.