

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 22 1940

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

19033

Do not use this space.

## 1. PLACE OF DEATH

(a) County Monteclair  
 (b) Township Walker  
 or  
 (c) City California

Registration District No. 571  
 Primary Registration District No. 4335

Registered No. 96

(d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Ruth Elizabeth Russell { Missouri  
 (a) Residence, No. \_\_\_\_\_ St. ☐ { Monteclair Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bluford Russell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 6 1894</u>		
7. AGE YEARS <u>44</u> MONTHS <u>6</u> DAYS <u>15</u> If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
FATHER	13. NAME <u>Maurice Hall</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Lucinda Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
17. INFORMANT <u>Mrs Wm Fulks</u> (ADDRESS) <u>Lathain Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Cem</u> DATE <u>5/23</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) <u>William F. Friedman</u> (ADDRESS) <u>California Mo</u>		
20. FILED <u>5-23-1940</u> <u>H.R. Popejoy</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1940

22. I HEREBY CERTIFY, That I attended deceased from she had no medical attention, 19\_\_\_\_  
 I last saw her alive on about, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Cardiovascular disease  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? View Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) H.R. Popejoy Coroner, M. D.  
California Mo  
 (Address) 511

**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 Hugh E. Williams  
Licensed Embalmer No. 3537  
P. O. Address California 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, above space should be left blank.**