

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
2512 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Wilson Russell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rosa Russell 6. (c) Age of husband or wife if alive 24 years (Month) (Day) (Year)
7. Birth date of deceased August 24, 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Nathan Russell 13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Burnham Russell

(b) Address 3428 Vernon, Chicago, Ill.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/7/43 (Month) (Day) (Year)

(c) Place: burial or cremation California, Missouri

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 9-5-43 (b) D. E. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(d) Street No. 2512 Chestnut (If outside city or town limited write "RURAL")
(e) Citizen of foreign country? (Yes or No) No
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4 year 1943 hour 6:00 AM minute M.

21. I hereby certify that I attended the deceased from 9/2/43 to 9/4/43

that I last saw him alive on 9/3/43 and that death occurred on the date and hour stated above.

Immediate cause of death.

Cerebral Hemorrhage

Due to Arterio sclerosis

Due to Cardio-vascular degeneration

associated with advanced age.

(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?

While at work (Specify type of place) (c) Means of injury

23. Signature Edith A. Walker (M. D. or other)

Address 1820 Vine St. Mo Date signed 9/4/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.