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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1947

Registration District No. 128

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20613

Primary Registration District No. 2000

Registrar's No. 575

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1027 S. New Ave.,
(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 42 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1027 S. New Ave., 6
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Virginia Russell

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May 15, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	1	11	hr. min.

9. Birthplace Logan County Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER

12. Name Ossa Madling

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

MOTHER

14. Maiden name Elizabeth Shelton.

15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Walter C. Russell,

(b) Address Springfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-29-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director J.W. Klingner & Co,

(b) Address Springfield Mo.

19. (a) 6-28-47 (Date received local registrar) (b) W E Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1947 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from 6/10, 1947, to 6/26, 1947, that I last saw h[illegible] alive on 6/20, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to Nephritis	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) None	

PHYSICIAN

Major findings:
Of operations None

Of autopsy None

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 6/27/47

(Licensed Embalmer's Statement on Reverse Side)

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.