

FILLED OCT 16 1941

Registration District No. **218**Primary Registration District No. **3015**Registrar's No. **127**

1. PLACE OF DEATH:

(a) County **COOPER,**

(b) City or town **BOONVILLE, MO.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
328 SIXTH STREET 111
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **50 YEARS**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **DR. GEORGE ABELL RUSSELL M.D.**

3. (b) If veteran, name war **NONE**

3. (c) Social Security No. **NONE**

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EMILY RUSSELL**

6. (c) Age of husband or wife if alive **1860** years

7. Birth date of deceased **OCTOBER 22 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 11 9 hr. min.

9. Birthplace **DARLINGTON WISCONSIN**
(City, town, or county) (State or foreign country)

10. Usual occupation **DOCTOR OF MEDICINE**11. Industry or business **DOCTOR**

12. Name **J.B. RUSSELL**

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

14. Maiden name **ELONA ABELL**

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

16. (a) Informant **MRS EMILY RUSSELL**

(b) Address **BOONVILLE, MISSOURI**

17. (a) **BURIAL** (b) Date thereof **OCT. 4 - 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**

(b) Address **BOONVILLE, MISSOURI**

19. (a) **10-3-41** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

171 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**

(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")

(d) Street No. **328 SIXTH STREET**
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **4th**
year **1941** hour **12:03** minute **A.M.**

21. I hereby certify that I attended the deceased from **Aug. 1934** to **Sept. Oct. 2, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericious Anemia** **8 yrs.**

Due to _____

Due to **173a**

Other conditions **173a**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) **D**

Address **Boonville, Mo.** Date signed **10-3-41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH OFFICERS

12-1900
RECEIVED

2-20-1900
12-1900

12-1900

10-11-1900
District Health Officer No. 8

RECEIVED

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 *James W. Segner*
Licensed Embalmer No. *5780*
P. O. Address *Boonville, W.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.