

FILED AUG 2 1944

Registration District No. _____

Primary Registration District No. **4031**

Registrar's No. **12**

1. PLACE OF DEATH:
(a) County **Bates**
(b) City or town **Adrian**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1**
In this community **10 years**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Bates**
(c) City or town **Adrian**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Minerva E Russell**
3. (b) If veteran, name war **✓**
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **26**
year **1944** hour **2 AM** minute _____ M.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ervin Kite Russell**
6. (c) Age of husband or wife if alive **76** years
7. Birth date of deceased **Aug 22 1870**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 5** 1944, to **July 26** 1944,
that I last saw her alive on **July 26** 1944,
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **11** Days **4**
If less than one day **✓** hr. _____ min.

Immediate cause of death **Pulmonary edema**
Due to **Emphysema**
Duration **1 day**

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

Due to **Epidermoid carcinoma grade I**
Duration **15 mo.**

10. Usual occupation **Housewife**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **53**

11. Industry or business _____

MOTHER { 12. Name **Hiram Drake**
13. Birthplace **Dont Know Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Holloway**
15. Birthplace **Dont Know Ia**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Earl Russell**
(b) Address **Adrian, Missouri**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) **Burial** (b) Date thereof **7-28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation **Pleasant Ridge - Lonetree**

18. (a) Signature of funeral director **Creath & Sit**
(b) Address **Adrian, Missouri**
19. (a) **7-26-44** (b) **Blanchkin**
(Date received local registrar) (Registrar's signature)

(Specify type of place)
While at work? _____ (c) Means of injury **2**
23. Signature **D. P. Colson** (M. D. or other) **Dr**
Address **Adrian, Mo.** Date signed **7-26-44**

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

12117

RECEIVED
District Health Officer No. 7,
District File Number 7-44-921
Date Filed 8-7-44

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.....

Fred D. Creath Registered Apprentice No.....
working under my personal supervision.

Signed Fred D. Creath

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.