

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

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 MAR 11 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 862

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 4518 Park Avenue  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. Edward Franklin Addison

3. (b) If veteran, name war None

3. (c) Social Security No. 496-05-6133

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 14, year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Clementine L. Addison

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 12 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 14, 1940, to Feb 24, 1940, that I last saw him alive on Feb 24, and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary Arteriosclerosis

Due to \_\_\_\_\_

Due to 31

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

10. Usual occupation Linotype Operator

Other conditions Chronic Glomerular Nephritis  
(Include pregnancy within 3 months of death)

Hypertensive Myocarditis

11. Industry or business Extra Work

MOTHER FATHER

12. Name John J. Addison

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

14. Maiden name Amanda Langford

15. Birthplace Unknown North Carolina  
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy as above

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature John R. Addison

(b) Address 4518 Park Ave

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Feb. 27, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd. 2-26-40

19. (a) 2-26-40 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)

Means of injury 1

23. Signature John R. Addison (M. D. or other) \_\_\_\_\_

Address 4518 Park Avenue Date signed 2-24-40

**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

*Kenneth Page Lips*

Licensed Embalmer No. *41218*

P. O. Address

*1309 Bush Creek K.R.I.*

**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.**