

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 23 1940

Registration District No. 411

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11304

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 MONTHS
13 years (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Annie S. Addington 352

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Fem 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. G. Addington 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October 14, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>5</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business HOME

12. Name Andrew Wall

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

14. Maiden name Cynthia Ledford

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

16. (a) Informant's own signature A. S. Addington

(b) Address 1928 Kentucky Ave. Joplin Mo

17. (a) BURIAL (b) Date thereof 3-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem., K.G. Mo.

18. (a) Signature of funeral director HURBUT UND. CO.

(b) Address 212 Joplin St. Joplin, Mo

19. (a) 3-27-40 (b) Ed S. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1928 Kentucky
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1940 hour 10:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from 12-19-39
to 3-25-40, 19____; and that death occurred on the date and hour stated above.
that I last saw her alive on 3-25-40, 19____;

Immediate cause of death _____ Duration _____

Parenchymatous Nephritis with acute uremia

Due to _____

Due to _____

Other conditions (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) _____

Address Joplin, Mo. Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

Death Officer No. 6,

District File Number 440-1067

Date Filed APR 10 1940

1221

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 *Terry L. [Signature]*

Licensed Embalmer No. 1909

P. O. Address *[Handwritten 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, above space should be left blank.

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(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 _____ (Specify whether)

In this community _____ (Specify whether)

years, months or days

3. (a) PRINT FULL NAME Annie S. Addington

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

{ 14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 25 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Spontaneous Parenchymatous
with acute uremia

Due to _____

Due to Chronic
Causes unknown

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____ 131

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) (e) Means of injury _____

23. Signature E. E. Moody (M. D. or other) _____

Address Joplin Mo Date signed _____

SUPPLEMENTAL

11304 (1940)