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FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28412

Registration District No. 336

Primary Registration District No. 8471

Registrar's No.

1. PLACE OF DEATH:
(a) County Harrison
(b) City or town Rural Madison Township
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Harrison 041
(c) City or town (Rural) Gainsville, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLES EMERY ADDISON

MEDICAL CERTIFICATION

3. (b) If veteran, name war None 3. (c) Social Security No. None

20. DATE OF DEATH: Month August day 13th
year 1941 hour 8 minute 25 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

21. I hereby certify that I attended the deceased from Aug 1 1941, to Aug 13 1941;

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

that I last saw him alive on Aug 10 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased: May 15 1857
(Month) (Day) (Year)

Immediate cause of death Chronic Indurated Atherosclerosis Duration _____

8. AGE: Years Months Days If less than one day
84 2 25 hr. min.

Due to _____

9. Birthplace: Henry County Indiana
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Retired Farmer

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Emsley Addison

Of autopsy _____

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

14. Maiden name Diana Miller
(City, town, or county) (State or foreign country)

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

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

16. (a) Informant Fern D. Addison

(b) Address Gainsville, Missouri.

17. (a) Burial (b) Date thereof Aug. 15 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zoar Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Cainsville, Mo.

19. (a) Aug. 14 - 1941 (b) C. E. Oden
(Date received local registrar) (Registrar's signature)

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 D. S. Saff (M. D. or other) _____
Address Gainsville, Missouri. Date signed 8/14/41

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

30 (Licensed Embalmer's Statement on Reverse Side)

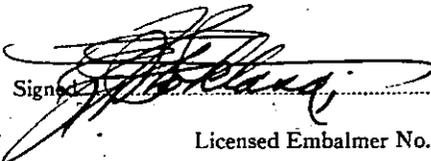
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ###

Eddie J. Stoklasa

Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, Missouri

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.