

FILED JUN 9 1944
Registration District No. 3022

Primary Registration District No. 3022

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: Bethany Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town Cainsville
(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 0

3. (a) PRINT FULL NAME Mary E. Addison

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Charlie E. Addison

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 23, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	7	23	hr. min.

9. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Thomas Drury

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

14. Maiden name Etta Zimmerman

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

16. (a) Informant Charlie E. Addison

(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof May 18, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklawn Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Cainsville, Missouri

19. (a) May 22, 1944 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1944 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from May 7, 1944, to May 16, 1944;
that I last saw her alive on May 16, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Transverse colon

Duration 1 yr.

Due to.....

Due to..... H62

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cancer of transverse colon - metastasis

Of operations.....

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?

(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) 0/11/11/11

Address Bethany Missouri Date signed 5/18/44

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

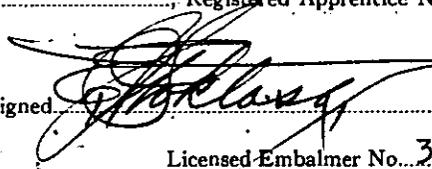
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, by/

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.