

Registration District No. **3008**

Primary Registration District No. **3008**

Registrar's No. **270**

1. PLACE OF DEATH:

(a) County **Callaway County**  
(b) City or town **Fulton, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **3**  
(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 **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limit, write "RURAL")  
(d) Street No. **3311 Wabash**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **30<sup>th</sup>**  
year **1940** hour **X** minute **X** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

that I last saw him **in dead** on **October 20<sup>th</sup>**, 19**40**; and that death occurred on the date and hour stated above.

Immediate cause of death **Drowned in Missouri River, escaping from Reformatory at Algoh, Mo.**

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 **J. W. Holman** (M. D. or other) \_\_\_\_\_

Address **8-E-8<sup>th</sup> ST. FULTON, Mo.** Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME **Raymond Oscar Addington**

8. (b) If veteran, name war **No** 3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Rosa Lee Addington** 6. (c) Age of husband or wife if alive **21** years

7. Birth date of deceased **October 13 1918** (Month) (Day) (Year)

8. AGE: Years **22** Months **0** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Clerk**

11. Industry or business **!**

12. Name **Raymond Addington**

13. Birthplace **Kansas City Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Frances Murrell**

15. Birthplace **Unknown Oklahoma** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Frances Addington**

(b) Address **3311 Wabash Ave Kansas City, Mo**

17. (a) **Removal** (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Mo**

18. (a) Signature of funeral director **L. S. Wallace**

(b) Address **Fulton Mo**

19. (a) **10/30/40** (b) **R. N. Crew** (Date received by registrar) (Registrar's signature)

**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

*H. C. Newcomer*

Licensed Embalmer No. *4045*

P. O. Address *K. C. 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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34950

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Home, where in - Mrs. Rivers, found on North Bank of River  
 (a) County: Callaway, Miss. River  
 (b) City or town: Fulton, Miss. River  
 (c) Name of hospital or institution: Across River - N. B. of Algona Reformatory  
 (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)

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.

3. (a) PRINT FULL NAME: Raymond Oscar Addington  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Wid  
 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 21 Months 11 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name: \_\_\_\_\_

13. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name: \_\_\_\_\_

15. Birthplace: \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30 year 1940 hour unknown minute unknown AM/PM  
 21. I hereby certify that I attended the deceased from the above date until he escaped from Algona

that I last saw him in dead on Oct. 20<sup>th</sup> 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Drowned in Mrs. Rivers' sleeping from Reformatory at Algona, Miss.  
 Due to algona, miss.  
 Due to unknown.

Other conditions: unknown, 1938  
 (Include pregnancy within 3 months of death)

Major findings: kill  
 Of operations: ?

Of autopsy: kill

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): Accid -

(b) Date of occurrence: 9-30-40

(c) Where did injury occur?: Who injury - just drowned. (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Mrs. Rivers' -

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

(e) Means of injury: Struck by coroner.

23. Signature: J. W. Holman (M. D. or other)

Address: 8-E-8<sup>th</sup> ST. Fulton, Mo. Date signed \_\_\_\_\_

SUPPLEMENTAL

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

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