

FILED JAN 25 1949

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

43542

State File No. 695

Registrar's No. 4417

Registration District No. 695

Primary Registration District No. 4417

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Parkville
(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 _____

In this community 4 yrs (Specify whether years, months or days) 2

3. (a) PRINT FULL NAME Gora Etta Addington

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Mar 21 1867 (Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

12. Name Stewart Chastain

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

14. Maiden name Ella McDonald

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

16. (a) Informant Mrs Ray Good

(b) Address Parkville mo

17. (a) Burial (b) Date thereof Dec 26-40 (Month) (Day) (Year)

(c) Place: burial or cremation Rockport mo

18. (a) Signature of funeral director Edward H. Francis (b) Address Parkville mo

19. (a) 12-31-40 (b) S. P. Ford (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte
(c) City or town Parkville
(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U.S.A. Dec 23 - 9 PM years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year 40 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from Feb 1940 to Dec 23 1940
that I last saw her alive on Dec 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the lungs

Due to _____

Due to _____

Other conditions 46
(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? _____

626 (Specify type of place) While at work? (e) Means of injury _____

23. Signature S. P. Ford (M. D. or other) _____
Address Parkville, mo Date signed 12-31-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed Leland W Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.