

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 or race White 6. (a) Single, widowed, married, 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 Mc Donald

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. 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 (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 S. P. Ford (M. D. or other)

Address Parkville, mo Date signed 12-31-40

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.