S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35463

Registration District No. 1149 Primary Registration District No. 5698 Registrar's No. 15

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

1. PLACE OF DEATH
(a) County McDonald
(b) City or town Jane Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community none

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County McDonald
(c) City or town Rural
(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.? 0 years.

3. (a) PRINT FULL NAME LEONODAS-EDWARD-ADDINGTON.
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex M O ~~White~~
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife Not Known
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov. (Month) 7 (Day) 1865 (Year)

8. AGE: Years 75 Months 11 Days 2 If less than one day ✓ hr. ✓ min.

9. Birthplace Cedar Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None.
11. Industry or business Retired Farmer
FATHER
12. Name Not Known
13. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace ✓ (City, town, or county) ✓ (State or foreign country)
16. (a) Informant Chas. Goodnight
(b) Address Jane Mo.
17. (a) Jane Mo. (Burial, cremation, or removal) (b) Date thereof 10-10-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Jane Mo.
18. (a) Signature of funeral director R. M. Humphrey
(b) Address Pineville Mo.
19. (a) 10-15-41 (Date received local registrar) (b) Lee O Carnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from March, 1941, to Oct, 1941; that I last saw him alive on Oct 2, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis — Acute nephritis with drops —	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature W H Horton (M. D. or other) 0
Address Pineville Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1141-1729
Date Filed NOV 13 1941

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 Lee O Carnell

Licensed Embalmer No. 2740-

P. O. Address Pineville. 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.

V. S. No. 2B
10M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35463

Registration District No. 1149 Primary Registration District No. 5698 Registrar's No.

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

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Jane
(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 (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Leondas E. 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 W

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 7 (Day) 1865 (Year)

8. AGE: Years 75 Months 11 Days 2 If less than one day hr. min

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis
Acute Nephritis with Dropsy
Due to Only saw patient in last days of his illness
Due to Cant say

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

130

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature W. H. Norton (M. D. or other)
Address Pineville Date signed

S-35463