

124761

V. S. No. 2  
50M-5-42  
Rev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....  
Registrar's No. ....

FILED AUG 11 1944

Registration District No. ... Primary Registration District No. 5-4-7.52 17

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Rural Madison Township  
(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.....  
In this community 57 years 6Mo. 13 days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

(c) City or town Rural 11  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 Miles S. W. of Cainsville  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... U

3. (a) PRINT FULL NAME Fern Dell Addison

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st  
year 1944 hour 7 minute 45 A.M.

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

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

7. Birth date of deceased January 18 1887  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5, 1944, to July 31, 1944;  
that I last saw her alive on July 31, 1944;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

57 6 13 ..... hr. .... min.

Immediate cause of death. Coronary Sclerosis Duration

Due to Chronic Intestinal Apathy

Due to.....

Other conditions (include pregnancy within 3 months of death)

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

10. Usual occupation Housekeeper

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Charles Emery Addison

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

14. Maiden name Emma Maria Estep

15. Birthplace Henry County Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Phillips  
(b) Address Cainsville, Missouri

17. (a) Burial (b) Date thereof August 3 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zoar Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address Cainsville, Missouri

19. (a) Aug. 4-44 (b) S. Ph. Shaw  
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

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 [Signature] (M. D. of 44)  
Address Cainsville, Missouri Date signed 8/1/44

**STATEMENT BY LICENSED EMBALMER**

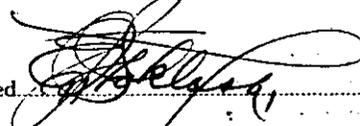
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, per

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.**