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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 26 1947

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8406

State File No. \_\_\_\_\_

Registration District No. 84

Primary Registration District No. 4194

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Atterville  
(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 75 yrs 2 mo - 29 da (Specify whether years, months or days)

3. (a) PRINT FULL NAME SARAH ELMEN-ADDIS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Floyd B. Addis 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 22 1871  
(Month) (Day) (Year)

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>75</u> | <u>2</u> | <u>29</u> | _____ hr. _____ min. |

9. Birthplace unknown - - - Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Same

MOTHER FATHER { 12. Name Patrick King

{ 13. Birthplace unknown Penna  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah King

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

16. (a) Informant Dr. H. A. Wood

(b) Address Atterville, Mo.

17. (a) Burial (b) Date thereof Feb 24 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joplin, Mo.

18. (a) Signature of funeral director Hayes - Painter

(b) Address Atterville Mo.

19. (a) 2-28-47 (b) Helvie Thullett  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper <sup>23</sup>

(c) City or town Atterville <sup>2</sup>  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21  
year 1947 hour 7 minute P M.

21. I hereby certify that I attended the deceased from Jan 1  
1947 to Feb 21, 1947  
that I last saw her alive on Feb 21, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis <sup>1 yr</sup>

Due to Myocarditis <sup>Patent</sup>  
Chronic

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations g. s.

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature W. L. Fogle (M. D. or other) <sup>248</sup>

Address Atterville Mo Date signed 2/24 47

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

7  
8

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-26-47

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 \_\_\_\_\_

working under my personal supervision myself, Registered Apprentice No. \_\_\_\_\_

Signed R. L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, W.

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.