

FILED JUN 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18152

Registration District No. 276

Primary Registration District No. 5773

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)
In this community no

3. (a) PRINT
FULL NAME

Florence Addison

3. (b) If veteran, no
name war

3. (c) Social Security
No. no

4. Sex female
5. Color or race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife no
6. (c) Age of husband or wife if alive Dec. 7, 1855 years

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

8. AGE: Years Months Days If less than one day
02 6 13 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name Samual Phillips
13. Birthplace unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Rose Addison

(b) Address Princeton, Mo

17. (a) burial (b) Date thereof June 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton
Noel Mosson

18. (a) Signature of funeral director Princeton, Mo

(b) Address

19. (a) 5/31/47 (b) M. J. Rutter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Princeton
(If outside city or town limits, write "RURAL")
(d) Street No. no
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1947 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Aug 1945 to May 30 1947.
that I last saw her alive on May 29 1947.
and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease Duration 2 yrs

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?

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

23. Signature C. J. Lewis M.D. (M. D. or other)
Address Princeton, Mo Date signed 5/2/47

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed

Licensed Embalmer No

P. O. Address

If this body is not embalmed, fact should be so stated above.