

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9783

State File No.

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 41

1. PLACE OF DEATH

(a) County Pulaski
 (b) City or town Waynesville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rout 1
 (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

3. (a) PRINT FULL NAME Lora Edna Addison

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Arthur Addison 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased Nov 8 1903
 (Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas J. Pruitt

13. Birthplace Pulaski Co. Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Betha Dean

15. Birthplace Pulaski Co. Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Addison

(b) Address Waynesville Rout 1

17. (a) Buried (b) Date thereof 4/2/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director R. B. Duple

(b) Address Richland Mo

19. (a) April 15 1948 (b) Edna C. Buckthorp
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski
 (c) City or town Waynesville
 (If outside city or town limits, write "RURAL")
 (d) Street No. Rout 1
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th
 year 1948 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from March 29th 1948 to March 29 1948
 that I last saw her alive on 4:30 P.M. Mar. 29 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy Not permitted

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) Means of injury 0

23. Signature Paul C. Roark (M. D. or other) _____

Address Richland, Mo Date signed Apr 3 1948

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.....

Licensed Embalmer No. 3198

P. O. Address. Richmond 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, fact should be so stated above.