

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGD SEP 13 1939

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30103

Registration District No. 723

Primary Registration District No. 6018A

Registrar's No. 127

1. PLACE OF DEATH: 3
 (a) County St. Francois
 (b) City or town Franklin
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution County Infirmary
(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 Joseph Madler 646
 3. (b) If veteran name war _____ 3. (c) Social Security No. _____

4. Sex Male 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 (Month) May (Day) 1 (Year) 1939

8. AGE: Years 80 Months 5 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name John Madler
 13. Birthplace Missouri (City, town, or county) _____ (State or foreign country) _____
 14. Maiden name Margaret Kirkpatrick
 15. Birthplace Missouri (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant's own signature John Bell

(b) Address Franklin Missouri

17. (a) Burial (b) Date thereof (Month) _____ (Day) _____ (Year) 8-9-39

(c) Place: burial or cremation St. Francois

18. (a) Signature of funeral director C. J. Day

(b) Address Dealog 200

19. (a) Aug 8 1939 (Date received local registrar) (b) F. J. Robinson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Francois
 (c) City or town Franklin County Infirmary near
(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 8 day 8 year 1939 hour 12-30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from March, 1939, to Aug 8, 1939; that I last saw him alive on 8-7, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery, sclerotic atherosclerosis, arteriosclerosis
 Duration unk

Due to _____
 Due to _____

Other conditions Chr nephritis
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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 N. O. Gach (M. D. or other) _____
 Address Dealog Date signed 8-9-39

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 C. J. Burger

Licensed Embalmer No. 1671

P. O. Address Wesley M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.