DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10491

Registration District No. 10 5 | Primary Registration District No. 5-12-4 | Registrar's No. 18

1. PLACE OF DEATH:
(a) County Calloway
(b) City or town Rural - St Herbert T.
(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 — (Specify whether days, months or years)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Calloway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Hams Prairie
(If rural, give location)
(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Elburn Thomas Maddox

3. (b) If veteran, name war. —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Margaret Maddox

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March (Month) 3 (Day) 1882 (Year)

8. AGE: Years 58 | Months 0 | Days 4 | If less than one day — hr. — min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Richard T. Maddox
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Moore
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Maddox
(b) Address Fulton Mo. Rt 6

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 9, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Hams Prairie

18. (a) Signature of funeral director Leo G Wallace
(b) Address Fulton, Missouri

19. (a) 3-11-1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1940 hour 9 — minute P. M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw him alive on March 7th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Suicide with small bore shot gun through the head. — Duration

Due to ____

Due to ____

Other conditions (Include pregnancy within 3 months of death) 167

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)~~ Suicide.
(b) Date of occurrence March 7th 1940.
(c) Where did injury occur? at Homeplace, Calloway Mo (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 Head shot off.

23. Signature A. W. Holman, Coroner (M. D. or other)
Address 8-E-8th St. Fulton Mo Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

MARGIN RESERVED FOR BINDING

V. S. 6. 2.
50M-5-17-39
Rev. 5-17-39
1 x19511

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 Leo S. Wallace.

Licensed Embalmer No. 3373

P. O. Address Fulton 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, above space should be left blank.