FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11126
Do not use this space.

1. PLACE OF DEATH
(a) County Howard
(b) Township Chariton
(c) City Glasgow
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 72 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 379
Primary Registration District No. 4223
Registered No. .....

2. PRINT FULL NAME 320 JOHN HENDERSON MADDOX
(a) Residence, No. Glasgow Mo. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ ANNA HUGHES
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1868
7. AGE: YEARS 72 | MONTHS 1 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Farm & Drayman
10. Date deceased last worked at this occupation (month and year) May 1, 1938
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County Mo.

FATHER
13. NAME John Maddox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton County ~~Kentucky~~ Mo.

MOTHER
15. MAIDEN NAME Anna M. Powell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone County Mo.

17. INFORMANT (ADDRESS) Myrl Maddox Glasgow Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo DATE Apr. 3 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walker Audsley Glasgow Mo.
20. FILED 4-2 1940 J. W. Gardner M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1940
22. I HEREBY CERTIFY, That I attended deceased from 9-4, 1939, to 4-1, 1940
I last saw him alive on 4-1, 1940 Death is said to have occurred on the date stated above, at 6:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	
51	

Other contributory causes of importance:

Name of operation Biopsy Date of Oct. 1939
What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) J. W. Gardner, M. D.
(Address) Glasgow, Mo.

340 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED
Dist. Health Officer No. 8
File Number 44-40
Date Filed

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, J. Walker Audsley or by

Registered Apprentice No. ....., working under my personal supervision.

Signed J. Walker Audsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.