

Registration District No. 839

Primary Registration District No. 4510

State File No. _____

Registrar's No. 11.

1. PLACE OF DEATH: Stoddard
 (a) County Stoddard
 (b) City or town Essex, Mo.
 (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) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 1 year. years, months or days

3. (a) PRINT FULL NAME Robert H. Madden
 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 Maudie Madden 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased MAR. 22 1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace ? ? TENN.! (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Hugh Madden
 13. Birthplace TENN.! (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Connor
 15. Birthplace TENN (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. E. Rose
 (b) Address Essex, Mo.

17. (a) Burial (b) Date thereof Feb 11-40 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Essex, Mo.

18. (a) Signature of funeral director Allen Ellis
 (b) Address Essex, Mo.

19. (a) 3-1-40 (b) J. P. Brandon (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Stoddard
 (c) City or town Essex, Mo. (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 Feb day 10 year 1940 hour 3:15 minute a M.

21. I hereby certify that I attended the deceased from Feb 1, 40 to Feb 10, 40

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? 154

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

23. Signature J. P. Brandon (M. D. or other) _____

Address Essex, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

RECEIVED

District Health Officer No.

District File Number H 40 - 9

Date Filed 4/16/4

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, on Feb. 10

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

Signed Ardon Ellice

Licensed Embalmer No. 3869

P. O. Address Belmont, N.Y.

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.