

FILED JUL 12 1940

Registration District No. **2002**

Primary Registration District No. **2002**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (c) Name of hospital or institution: 229 N. Pearl
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 67 Years
 In this community 67 Years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 229 N. Pearl
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Elizabeth O. Maderia 31.0

3. (b) If veteran, name war _____ 8. (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 JAMES E. MADERIA 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept. 23, 1858
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Floyd Henson
 13. Birthplace Ohio
 14. Maiden name Mary L. Hale
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

16. (a) Informant James E. Maderia

(b) Address 229 N. PEARL

17. (a) Burial (b) Date thereof 6-6-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial PARK CEM. CARTHAGE

18. (a) Signature of funeral director Huribut Und. C. O.

(b) Address 212 Joplin St., Joplin, Mo.

19. (a) 6-5-40 (b) A. J. Jernigan
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
 year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 25, 1940 to June 3, 1940
 that I last saw him alive on June 3 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterial occlusion

Due to Coronary arteriosclerosis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations _____

Of autopsy no

PHYSICIAN _____

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? 372

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

23. Signature Leak. K. Huff (M. D. or other) 120

Address Joplin Mo Date signed 6/5/40

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

Sam E. Sweeney

Licensed Embalmer No. 4099

P. O. Address Joplin Mo.

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

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