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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24622

AUG 10 1940

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 740

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 724 N. 6th. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 40 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buchanan
(c) City or town: St Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 724 N. 6th. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Leota Madley
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: Wht.
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Amos Madley
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: July (Month) 22 (Day) 1871 (Year)
8. AGE: Years 68 | Months 11 | Days 17 | If less than one day ____ hr. ____ min.
9. Birthplace: Centre County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housework
11. Industry or business: Home
FATHER 12. Name: John Worthington
FATHER 13. Birthplace: Unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER 14. Maiden name: Charlotte Hartzell
MOTHER 15. Birthplace: Unknown (City, town, or county) Iowa. (State or foreign country)
16. (a) Informant: Bertie Sanders
(b) Address: 901 N. 20th. St. Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 11th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn
18. (a) Signature of funeral director: Freeman & Son Inc
(b) Address: St. Joseph Mo.
19. (a) July 10 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th. year 1940. hour 6 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 23 1939 to July 9 1940 that I last saw her alive on July 9 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Accident (Apoplexy)	7 hours
Due to: Hypertension	10 years
Due to: Arteriosclerosis	10 years
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature: [signature] M.D. (M. D. or other)
Address: 620 Francis St Joseph Mo. Date signed: 7-9-40

(Licensed Embalmer's Statement on Reverse Side)

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. G. Swan

Licensed Embalmer No. 4082

P. O. Address St. Joseph

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

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