

Registration District No. **592**

Primary Registration District No. **4350**

Registrar's No. **34**

1. PLACE OF DEATH:

(a) County Montgomery  
 (b) City or town Montgomery City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: County Home  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 year  
(Specify whether years, months or days) 3

3. (a) PRINT FULL NAME Charles Thomas Maddy

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 3 1847  
(Month) (Day) (Year)

8. AGE: Years 92 Months 10 Days 26 If less than one day hr. 1 min. \_\_\_\_\_

9. Birthplace Warren County MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Wood worker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Thomas Maddy 9

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

MOTHER FATHER { 14. Maiden name Walter Bunker

15. Birthplace Warren County MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Hill

(b) Address Conesburg Mo

17. (a) Conesburg (b) Date thereof Nov 2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warren County

18. (a) Signature of funeral director Leah Hardisty

(b) Address Conesburg Mo

19. (a) Nov 1940 (b) Beville Mandy  
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Montgomery  
 (c) City or town Montgomery City  
(If outside city or town limits, write "RURAL")  
 (d) 0 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1  
 year 1940 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Feb. 1  
1940 to Nov. 1 1940

that I last saw him alive on Nov. 1 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation  
myocarditis Duration 1930

Due to arteriosclerosis  
chronic interstitial nephritis

Due to \_\_\_\_\_

Other conditions 121  
(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?  
522 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature A. H. Van Arsdale (Mr. D. or other) JD  
 Address Montgomery City Date signed 11/4/40

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

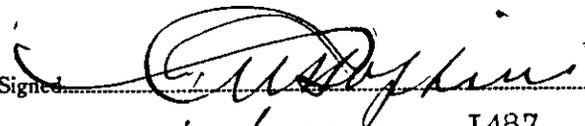
5-17-39  
I X21492

2070

**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.....on the.....  
I st day of Nov 1940....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

  
Licensed Embalmer No. I487

P. O. Address Montgomery City 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39278

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH

(a) County Montgomery  
(b) City or town Montgomery City  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME

Chas. 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 s

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_

(Month) (Day) (Year)

8. AGE:

Years 92 Months 10 Days 26 If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_

(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_

(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace Warner Co (Mo)

(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_

(b) Date thereof \_\_\_\_\_

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Nov 4, 1940 (b) Birdie Weaver

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 Nov day 1  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

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

23. Signature A. H. Van Arsdale (M.D. or other) \_\_\_\_\_

Address Montgomery City Date signed \_\_\_\_\_

S-39278 1940