No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10596

Registration District No. 282 Primary Registration District No. 5404 Registrar's No. 11

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

1. PLACE OF DEATH:

(a) County Dunklin Mo.

(b) ~~City or town~~ Campbell, 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)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Campbell, Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME John Wayne Maddox

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

4. Sex Male 0 | 5. Color or race White | 6. (a) Single, widowed, married, divorced Baby 0

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

7. Birth date of deceased January (Month) 20 (Day) 1940 (Year)

8. AGE: Years 1 | Months 2 | Days 5 | If less than one day ..... hr. ..... min.

9. Birthplace Campbell, Mo. (City, town, or county) R.2 (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business .....

FATHER
12. Name Noah Maddox
13. Birthplace Illinois (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Clara Belle Mikel
15. Birthplace Campbell, Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant Noah Maddox
(b) Address Campbell, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 26 41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn (Campbell)

18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri

19. (a) March 25 1941 (Date received local registrar) (b) E W Landess (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1941 hour ..... minute 7:35 p.M.

21. I hereby certify that I attended the deceased from Mch 20, 1941, to March 25, 1941; that I last saw him alive on March 25, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Laryngeal Diptheria	4 day
Due to	
Due to 10	
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? 256 (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. J. Rutledge (M. D. or other) MD
Address Campbell, Mo. Date signed 3/26/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 41-39
Date Filed 4/2/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.