

FILED MAY 21 1941

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

15145

Do not use this space.

## 1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township Hannibal Primary Registration District No. 2029 Registered No. 119  
 (c) City Hannibal (d) Street No. Levering Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Edwin B. Maddox  
 (a) Residence, No. Palmyra, Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Drescher

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 11 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.FATHER 13. NAME Henley James Maddox14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County, Mo.MOTHER 15. MAIDEN NAME Mary McDaniel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record17. INFORMANT (ADDRESS) Clairide Maddox  
Palmyra, Mo.18. BURIAL, CREMATION, OR REMOVAL Greenwood Cem.  
PLACE Palmyra, Mo. DATE 4/6/41, 1919. FUNERAL DIRECTOR (NAME) (ADDRESS) Lewis Mos  
Palmyra, Mo.20. FILED April 7, 1941 M. C. Fisher  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 194122. I HEREBY CERTIFY, That I attended deceased from me. 75- 1941, to April 3, 1941

I last saw him alive on April 3, 1941. Death is said to have occurred on the date stated above, at 10:18 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Prostatitis  
Chronic myocarditis

Date of case

5-72-4Other contributory causes of importance: 93

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury D.W.  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify T. G. Borell  
 (Signed) Palmyra, Mo. M. D.  
 (Address) Palmyra, Mo.

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**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..... *Geoff Lewis* .....

Licensed Embalmer No. *2382* .....

P. O. Address..... *Salmon Falls* .....

**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.**