

FILED AUG 14 1941

Registration District No. 277

Primary Registration District No. 3029

State File No. \_\_\_\_\_

Registrar's No. 205

## 1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Elizabeth Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days Hospit  
2 Days (Specify whether  
 years, months or days) 0

3. (a) PRINT FULL NAME Scudder Heuston Maddox3. (b) If veteran, name war. None 3. (c) Social Security No. 490 01 83054. Sex 0 Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Savilla Hawkins 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased: January 19 1884  
(Month) (Day) (Year)8. AGE: Years 57 Months 5 Days 13 If less than one day  
hr. min.9. Birthplace New London Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Filling Station Attendent

## 11. Industry or business

MOTHER FATHER { 12. Name Shevey Maddox  
 13. Birthplace George Town Kentucky  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary E. Lear  
 15. Birthplace New London Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Scott Maddox(b) Address Monroe City Mo17. (a) Burial (b) Date thereof July 4th 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Judes, Monroe City18. (a) Signature of funeral director Wilson & Son(b) Address Monroe City Mo19. (a) July 3, 1941 (b) H. C. Fisher  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 069  
 (c) City or town Monroe City 0  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 327. 2nd Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2  
05 year 1941 hour I minute 30 P.M.

21. I hereby certify that I attended the deceased from  
June 30, 1941, to July 2, 1941;  
 that I last saw him alive on July 2, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction 2 Da

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

Due to 122BOther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

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

## 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: John T. Fisher (M. D. or other) 0Address: Monroe City Date signed: 7/3/41

**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

*Leslie L Wilson*

Licensed Embalmer No. *3014*

P. O. Address

*Maunse City m*

**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, fact should be so stated above.**