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4-21
7-39
X26390

FILED SEP 12 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper, Mo
(c) Name of hospital or institution Freeman Hospital
(d) Length of stay: In hospital or institution 16 1/2 days
In this community 0 years, months or days

3. (a) PRINT FULL NAME John Clifford Maddox

3. (b) If veteran, name war. 3. (c) Social Security 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 Oct. 31. 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 9 Days 12
If less than one day hr. min.

9. Birthplace Sperry Okla. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Maddox

13. Birthplace Cherokee Co. Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Anna Cox

15. Birthplace Kan. 1
(City, town, or county) (State or foreign country)

16. (a) Informant John Maddox

(b) Address

17. (a) Carl Junction, Mo. 8-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction, Mo.

18. (a) Signature of funeral director Honey Funeral Service

(b) Address CARL Junction, Mo. BY Rollins Knatt

19. (a) 8-22-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper
(c) City or town Asbury, Mo.
(d) Street No.
(e) Citizen of foreign country? no
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from July 28 - 1941 to Aug 12 1941
that I last saw him alive on Aug 12 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Intermittent
Pneumonia
Influenza

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 12013

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?
(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 of Physician H. E. G. (M. D.)
Address Jasper, Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.