

DEC 29 1941 105

Registration District No. _____

Primary Registration District No. 515-4

Registrar's No. 26

1. PLACE OF DEATH:
 (a) County Cedarway St Aubert
 (b) City or town Rural
 (c) Name of hospital or institution: R#6 Fulton
 (d) Length of stay: In hospital or institution _____
 In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Callaway
 (c) City or town Rural
 (d) Street No. R#6 Fulton
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE MADDOX
 3. (b) If veteran, name war XX
 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 22 year 1941 hour 6 minute 30 M.
 21. I hereby certify that I attended the deceased from Jan 6 1941 to 11-22 1941
 that I last saw him alive on 11-10 1941
 and that death occurred on the date and hour stated above.
 Immediate cause of death Myocarditis

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife J. MADDOX
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased JAN 19 1856
 (Month) (Day) (Year)

Due to Rheumatism
 Due to _____
 Other conditions Hypertension
 (Include pregnancy within 3 months of death)
 Major findings: 958
 Of operations _____
 Of autopsy _____

8. AGE: Years 85 Months 10 Days 3
 If less than one day _____ hr. _____ min.

9. Birthplace PENNSYLVANIA
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

MOTHER FATHER
 12. Name JOSEPH FRY
 13. Birthplace PENNSYLVANIA
 14. Maiden name ELIZABETH HORNER
 15. Birthplace PENNSYLVANIA

16. (a) Informant Royal Beecher
 (b) Address R#6 Fulton, Mo

17. (a) BURIAL (b) Date thereof 11/23/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HAMS PRAIRIE

18. (a) Signature of funeral director J. W. Williamson
 (b) Address FULTON, MISSOURI

19. (a) 11-23-1941 (b) W. H. Williamson
 (Date received local registrar) (Registrar's signature)

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 W. O. Payne (M. D. or other)
 Address R#6 Fulton Date signed 11/23/41

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

400

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..... *Albert E. White*

Licensed Embalmer No. *4168*

P. O. Address..... *Fulton, Ma*

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.