DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 19 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2103

State File No.

Registration District No. 241 Primary Registration District No. 5335 Registrar's No. 2

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

1. PLACE OF DEATH:
(a) County Dallas
(b) City or town Rural Grant Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Buffalo Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 58 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dallas
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Buffalo Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose B. Maddux
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Bert Maddux
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July (Month) 19 (Day) 1883 (Year)

8. AGE: Years 58 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Dallas Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Wm Stogsdill
13. Birthplace (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Hannah Holman
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Bert Maddux
(b) Address Buffalo Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-4-1942 (Month) (Day) (Year)
(c) Place: burial or cremation New Hope
18. (a) Signature of funeral director L B Jones
(b) Address Buffalo Mo.
19. (a) 1/21/42 (Date received local registrar) (b) Leland Davis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3 year 1942 hour 12 minute 134 M.
21. I hereby certify that I attended the deceased from Nov. 30, 1941, to Jan 3, 1942, that I last saw h.s.r. alive on Dec. 20th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Tumor of Brain — Duration 3 mo.
Due to
Due to
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? —
While at work? — (Specify type of place) (e) Means of injury —

23. Signature Charles O. Hammon (M. D. or other) M.D.
Address Buffalo Mo Date signed 1-22-42

1157.

(Licensed Embalmer's Statement on Reverse Side)

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo Mo

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.

S. No. 2B
(1-8-21-41
I X29288

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(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
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3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 19 (Day) 1883 (Year)
8. AGE: Years 58 Months 5 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. Day 1 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tumor of Brain	?
Due to Malignant ?	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 54 b
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature C. O. Hammon (M. D. or other) M.D.
Address Butler Mo Date signed 3-6-42

SUPPLEMENTARY