DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6812

Primary Registration District No. 4229

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County: IRON

(b) City or town: DES ARC Twp

(If outside city or town limits, write "RURAL" and name of township)

(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

In this community: 75 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: IRON

(c) City or town: Des ARC

(If outside city or town limits, write "RURAL")

(d) Street No.: ✓

(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: ✓

3. (a) PRINT FULL NAME: MARTHA E. MADDOCK

3. (b) If veteran, name war: ✓

3. (c) Social Security No.: ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: PATRICK MADDOCK

6. (c) Age of husband or wife if alive: ✓ years

7. Birth date of deceased: Oct (Month) 6 (Day) 1849 (Year)

8. AGE: Years 91 Months 11 Days 12 If less than one day hr. min.

9. Birthplace: NEW ORLEANS (City, town, or county) LOUISIANA (State or foreign country)

10. Usual occupation: HOUSEWORK

11. Industry or business: HOUSEWIFE

FATHER 12. Name: Andrew Ross

FATHER 13. Birthplace: ✓ (City, town, or county) New York (State or foreign country)

MOTHER 14. Maiden name: UNKNOWN

MOTHER 15. Birthplace: UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant: Joseph Walton

(b) Address: Des Arc Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Sept 21 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Des ARC Cemetery

18. (a) Signature of funeral director: Norman N. Gish

(b) Address: Piedmont Mo

19. (a) 2-26-42 (Date received local registrar) (b) Virgus R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18 year 1941 hour 12:55 minute A.M.

21. I hereby certify that I attended the deceased from May 20 1941 to Sept 18 1941 that I last saw him alive on Sept. 16 1941; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Senile Debility ✓

Due to: May 20 fall & fractured right femur.

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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: C. S. Jones, M.D. (M. D. or other)

Address: Piedmont Mo. Date signed: 10-4-41

1743 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 342-314
Date Filed 3-11-42

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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

S. No. 2B
CM—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6812

Registration District No. ____ Primary Registration District No. 4229 Registrar's No. ____

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Iron
(b) City or town: Des Arc
(If outside city or town limits, write "RURAL" and name of township)
(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)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Martha E. Maddock
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: W
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ Years
7. Birth date of deceased: Oct (Month) 6 (Day) 18 (Year)

8. AGE: Years 91 Months 11 Days 2 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 Sept Day ____ year 1941 hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw h. alive on ____ 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Fall + fracture right femur
Due to: was swelling in the lungs & liver. Her
Due to: right side paralyzed
The flesh
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations: 18 6 W
Of autopsy: 18

Duration

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): accident
(b) Date of occurrence: May 20 1941.
(c) Where did injury occur? Dese Lean Iro (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? Fell in the house (Specify type of place)
While at work? No (e) Means of injury: fell on floor

23. Signature: C. S. Jones, M.D. (M. D. or other)
Address: Piedmont, Mo. Date signed 4-4-42