

FILED APR 15 1942

Registration District No. 366

Primary Registration District No. 5091

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Ballard, Missouri *Spring twp*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
not hospitalized
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXXX
(Specify whether years, months or days)
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 051
(c) City or town Quick City 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country xxx 1

3. (a) PRINT William M. Maddux
FULL NAME

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Virginia Maddux 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased February 2, 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired Blacksmith

11. Industry or business XXXXX

MOTHER FATHER { 12. Name Eugene B. Maddux
13. Birthplace unknown Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Martha A. Strong
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant H. E. Maddux
(b) Address Quick City, Missouri

17. (a) Burial (b) Date thereof March 25, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grant Cemetery

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) April 10 (b) Laura B. Odneal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23rd day March
year 1942 hour 12:30 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____
that I last saw h_____ alive on NO _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Myocarditis
Due to _____

Other 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) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address [Address]

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

959

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7

District File Number 4-42-409

Date Filed 4-14-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Samuel B. Popp
Licensed Embalmer No. 4044
P. O. Address Holden, 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.