S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10639

Registration District No. 218 Primary Registration District No. 4135 Registrar's No. 35

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

27
0
0

1. PLACE OF DEATH:
(a) County Cooper
(b) City or town Pilot Grove Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ 1 (Specify whether
In this community 93 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cooper.
(c) City or town Pilot Grove, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ ✓ 027 0 0
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME MARY F. MADDEX.
3. (b) If veteran, name war No
3. (c) Social Security No. no
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Tom Madder
6. (c) Age of husband or wife if deceased years
7. Birth date of deceased May (Month) 24 (Day) 1848 (Year)

8. AGE: Years 93 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Pisgah (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Same
FATHER
12. Name Wm Gentry
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Pisgah (City, town, or county) Mo (State or foreign country)
16. (a) Informant Louis Madder X
(b) Address Pilot Grove, Mo X
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pilot Grove Cem
18. (a) Signature of funeral director Hays & Painter
(b) Address Pilot Grove, Mo
19. (a) Mch 7- (Date received local registrar) (b) Dr Chas Swap (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7th year 1942 hour 2 minute 40 A M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw h..... alive on Never Seen Alive 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 162 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)
(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 L. J. Meister Coroner (M. D. or other)
Address Boomville Mo. Date signed 3/7/42

1188

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 4-8-42

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 Myself

..... Registered Apprentice No. .....

working under my personal supervision.

Signed Leyton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove, M

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.