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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. 36878

Registration District No. FILED DEC 14 1942

Primary Registration District No. 5245

Registrar's No. 77

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3 miles E. of Keytesville (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Chariton 21 0 0
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles E. of Keytesville (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME ELLA J. MADDOX
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 widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 9 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
78	10	1	hr. min.

9. Birthplace Keytesville (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business
FATHER
12. Name Wm P. Allega
13. Birthplace ? (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Missouri Ann Crawford
15. Birthplace Keytesville (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Sam Allega
(b) Address Keytesville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 12 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Asbury
18. (a) Signature of funeral director Hyde & Garnett
(b) Address Keytesville Mo.
19. (a) 11/13/42 (Date received local registrar) (b) R A Gehring (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10th year 1942 hour 11 minute P M.
21. I hereby certify that I attended the deceased from Oct 1 1942 to Nov 10 1942 that I last saw her alive on Nov 6 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to 93d	
Other conditions Arteriosclerosis (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 G. Slawkins (M. D. or other)
Address Salisbury Mo. Date signed 11-14/42

1023 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Filed 12-11-42

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 .....

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

working under my personal supervision.

Signed N. D. Garnett

Licensed Embalmer No. 3046

P. O. Address Keytesville 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.