No. 2
4-13-40
X23159

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. 9943

FILED APR 7 1943

Registration District No. 605 Primary Registration District No. 5252 Registrar's No.

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town RURAL Missouri
(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 44 yrs 8 mo. 21 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON
(c) City or town Rural (10 mi north of Glasgow)
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME RUTH L. 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 MARRIED
6. (b) Name of husband or wife ELDON MADDOX
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased JUNE 26 (Month) (Day) 1898 (Year)

8. AGE: Years 44 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Henry County Missouri (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business
MOTHER FATHER
12. Name Reuben Cole
13. Birthplace Henry County Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mary Cadys Jordan
15. Birthplace West Va. (City, town, or county) (State or foreign country)
16. (a) Informant Eldon Maddox
(b) Address Dalton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAR. 20, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Dalton Mo.
18. (a) Signature of funeral director Audsley-Fremonth
(b) Address Glasgow Mo.
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1943 hour 10 minute 30 C. M.
21. I hereby certify that I attended the deceased from April, 1940, to March 17, 1943 that I last saw her alive on March 17, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy — Duration
Due to Cerebral Hemorrage
Due to Arteriosclerosis
Other conditions Hypertension 270/110
(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 J. L. Fretz M.D. (M. D. or other)
Address Brunswick Mo. Date signed 3/18-43

10 a T

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-5-43

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 J. Walker Audsley
Licensed Embalmer No. 3336
P. O. Address Glasgow Mo.

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

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

S. No. 2B
M—8-21-41
I 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. 9943

Registration District No. 65

Primary Registration District No. 5252

Registrar's No.

1. PLACE OF DEATH:

(a) County: Charlton

(b) City or town: Rural
(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: Ruth L. Maddox

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: June 26 1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 8 Days 26 If less than one day hr. min.

9. Birthplace: (City, town, or county) (State or foreign country) Mo.

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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) Mar. 20, 1943 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. Day 17 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 , 19 ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY