

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17344

FILED JUN 12 1943

Registration District No. 38

Primary Registration District No. 3006-5120

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution:
Ellis Freshel State Cancer
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)

In this community 5 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. 10
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME THOMAS P. MADDOX

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive None years

7. Birth date of deceased November 4 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 6 6 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name James F. Maddox

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Jones

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant East Maddox

(b) Address Fulton, Mo.

17. (a) Removal (b) Date thereof 5/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fulton, Mo.

18. (a) Signature of funeral director W. G. Wallace

(b) Address Fulton, Mo.

19. (a) 5-10-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1943 hour 04 minute 30 P.

21. I hereby certify that I attended the deceased from May 10 1943 to May 10 1943; that I last saw h. 10 alive on May 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Hypertrophy
Congestive Failure

Due to 9502

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations see above

Of autopsy see above

Duration 1 yr +

PHYSICIAN 9502

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 W. G. Wallace (M. D. or other) P. H. D.

Address Cancer Hospital Columbia, Mo. Date signed 5/10/43

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} was embalmed by me, ~~only~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... Elbert E. White.....
Licensed Embalmer No. 4168
P. O. Address..... Fulton, 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.