

FILED OCT 7 1943

Registration District No. **71**

Primary Registration District No. **3012**

1. PLACE OF DEATH:

(a) County **Clay**
(b) City or town **Excelsior Springs, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Excelsior Springs Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 Days** (Specify whether years, months or days)

In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Ray**
(c) City or town **Lawson**
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes) No) **7**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **22**
year **1943** hour **1** minute **10** M.
21. I hereby certify that I attended the deceased from **Sept 17**, 19**43**, to **Sept 21**, 19**43**, that I last saw him alive on **Sept 21**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Intestinal obstruction 7 days**

Due to _____
Due to **17287**

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **Thrombosis of several mesenteric vessels with abscesses**
Of operations: _____
Of autopsy: **of a portion of sample intestines.**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **GEORG A. MADDEN**

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

4. Sex **Male** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nancy Madden** 6. (c) Age of husband or wife if alive **✓** years

7. Birth date of deceased **Aug 6 - 1856**
(Month) (Day) (Year)

8. AGE: Years **87** Months **1** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **Clay Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (Retired)**

11. Industry or business _____

12. Name **James G. Madden**

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

14. Maiden name **Nancy Jane Hardwick**

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

16. (a) Informant **Joe Morrow**

(b) Address **Lawson Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/22-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lawson Mo.**

18. (a) Signature of funeral director **Joe Morrow**

(b) Address **Lawson Mo.**

19. (a) **9-22-43** (Date received local registrar) **Mrs. Sadie Redman** (Registrar's signature)

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? _____

23. Signature **J. P. Richards** (Specify type of place) (e) Means of injury _____
Address **Excelsior Springs Mo.** Date signed **9/22/43**

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

24
1
1

1166

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-7-48

OCT 11 1948

NOV 2 1948

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. M. Miles

Licensed Embalmer No.

3296

P. O. Address

Ex Springs 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.