

Registration District No. **1000**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**

(b) City or town **Saint Joseph**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**St. Joseph Hospital**  
(If not in hospital or institution, write street number or location)

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

In this community **about 3 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2410 Messaria**  
(If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country **NO**

3. (a) PRINT FULL NAME **Gertrude Madison**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **3 Negro**

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

6. (b) Name of husband or wife **Robert L. Madison**

6. (c) Age of husband or wife if alive **not given** years

7. Birth date of deceased **Oct 31 1922**  
(Month) (Day) (Year)

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

**22** : **0** : **28** hr. min.

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

10. Usual occupation **House wife**

11. Industry or business **None**

12. Name **John K. Moore**

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

14. Maiden name **Mattie Williams**

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

16. (a) Informant **Mattie Moore**

(b) Address **17 and Beattie**

17. (a) Burial **Burial** (b) Date thereof **Dec. 1 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ashland cemetery**

18. (a) Signature of funeral director **Ramsay & Son.**

(b) Address **1602 Messaria**

19. (a) **12-1-43** (b) **Rae Hertzog**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** **28** day, **1943**  
year **1943** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov 28th 1943** to **Nov 28th 1943**  
that I last saw him alive on **Nov 28th 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Second and third degree burns over entire chest, abdomen, back, arms and thighs**

Due to **Woman was fatally burned when her clothing caught on fire in her home, while she was preparing the family breakfast**

Other conditions **Caught on fire in her home, while she was preparing the family breakfast**  
(Include pregnancy within 3 months of death)

Major findings: **was preparing the family breakfast**  
Of operations **NO**  
At autopsy **NO**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Nov 28 - 1943**

(c) Where did injury occur? **St Joseph Buch Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**In the home**

While at work? **yes** (Specify type of place)  
(e) Means of injury **fire burns**

23. Signature **H F Mundy** (M. D. or other)

Address **404 So 3d st** Date signed **1/29/43**

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 was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*J. F. Ramsey*

Licensed Embalmer No. *4081*

P. O. Address *1608 Meade*

**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.**