

Primary Registration District No. 3059

14
2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County St. Francois

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

(c) Name of hospital or institution:
718 Blue
(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 Missouri (b) County St. Francois

(c) City or town Bonne Terre 94
(If outside city or town limits, write "RURAL")

(d) Street No. 718 Blue 7
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ROSSIE MADISON

3. (b) If veteran, name war V

3. (c) Social Security No. 702-16-9865

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1944 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec 15, 1941, to June 15, 1944
that I last saw him alive on June 14, 1944
and that death occurred on the date and hour stated above.

4. Sex M 5. Color Black 6. (a) Single, widowed, married Married
divorced _____

(b) Name of husband or wife Nellie Mae Madison 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug 15 1896
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of left lung. Duration 2 1/2 yrs

Due to unknown

Due to _____

8. AGE: Years 47 Months 10 Days 0 If less than one day _____ hr. _____ min.

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: 478

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Wesley Madison

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

14. Maiden name Mary Madigan

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

16. (a) Informant Nellie Madison

(b) Address Bonne Terre 770

17. (a) Buried (b) Date thereof 6-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation B. J. Cemetery

18. (a) Signature of funeral director Benham Fed Co

(b) Address 313 Benham Bonne Terre Mo

19. (a) 6-22-44 (b) Somath Sheno
(Date received local registrar) (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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. L. Evans (M. D. or other) _____
Address Bonne Terre Mo Date signed 6-18-44

JUL 31 1944

RECEIVED

District Health Officer No. 4
District File Number 244-4093
Date Filed 7-27-44

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

C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address *Bonne June 7*

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.