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M-5-42  
7-5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30471  
Registrar's No. 6

FILED OCT 9 1944

Primary Registration District No. 4046-5117A

1. PLACE OF DEATH:

(a) County Boone  
(b) City or town Boone  
(c) Name of hospital or institution: Rural Near Claysville, Mo.  
(d) Length of stay: In hospital or institution 50yrs  
In this community 50yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone  
(c) City or town Rural Near Claysville, Mo.  
(d) Street No. Rural  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Wm Maddox

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 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 March 30 1873

8. AGE: Years Months Days If less than one day  
71 5 5 hr. min.

9. Birthplace Elston Mo.

10. Usual occupation Farmer

11. Industry or business None

12. Name W. A. Maddox  
13. Birthplace Ind.

14. Maiden name Sarah E. Hopkins  
15. Birthplace Ind.

16. (a) Informant Mrs. Irene Cummings  
(b) Address Kansas City, Mo.

17. (a) 9/8/44 Burial (b) Date thereof 9/8/44  
(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Victor Buescher  
(b) Address Jefferson City, Mo.

19. (a) 9/7/1944 (b) H.A. M... ..  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8 year 1944 hour 11 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 8, 1944, to Sept 8, 1944; that I last saw him alive on Sept 8, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Heart ailment

Due to Coronary Occlusion

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations None  
Of autopsy None

Duration  
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) None  
(b) Date of occurrence 9/5-44  
(c) Where did injury occur? None  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work None (Specify type of place) (e) Means of injury Car

23. Signature Mrs. Irene Cummings (M.D. or other) None  
Address Columbia Mo. Date signed 9/6-44

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

OCT 9 1944

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 10-5-44

**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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.**