

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2956 Myrtle
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 2956 Myrtle 8
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John M. Maddox ✓
 3. (b) If veteran, name war None
 3. (c) Social Security No. 493-22-0287

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 24th
 year 1944 hour 8:50 minute P. M.

4. Sex M 5. Color or race Col 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Amanda Maddox 6. (c) Age of husband or wife if alive 40 years
 7. Birth date of deceased February 12, 1903
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 10 1944 to Dec 24 1944
 that I last saw him alive on Dec 23 1944 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>10</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death fatal myocardial infarction
infection
 Due to _____
 Due to _____

9. Birthplace Okla (City, town, or county) (State or foreign country)
 10. Usual occupation Common Laborer

Other conditions (Include pregnancy within 3 months of death) 92-2
 Major findings: Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Dave Deston
 13. Birthplace Ky. (City, town, or county) (State or foreign country)
 14. Maiden name Susie B. Penny
 15. Birthplace Arkansas (City, town, or county) (State or foreign country)

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

16. (a) Informant Susie B. Maddox
 (b) Address 2956 Myrtle
 17. (a) burial (b) Date thereof 12/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln Cemetery
 18. (a) Signature of funeral director Starkins Bros.
 (b) Address 1729 Lydia
 19. (a) 12-29-44 (b) N. E. Brown
(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 Starkins Bros. (M. D. or other) 0
 Address 1014 ... Date signed 12/29/44

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

Trepp-Angyle Bldg.

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..... *D. J. Minlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *2503 Highland*.....

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.