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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27821

FILED SEP 13 1945

Registration District No. 185 Primary Registration District No. 4301 Registrar's No. 16

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

58

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Meadville Parson Ck Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 58

(a) State Missouri (b) County Linn

(c) City or town Meadville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carroll Joy Madden

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of ~~husband~~ or wife Gladene Madden

6. (c) Age of ~~husband~~ or wife if alive 46 years

7. Birth date of deceased March (Month) 19 (Day) 1899 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	4	17	hr. min.

9. Birthplace Meadville Linn Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Forest L. Madden
13. Birthplace Linn Co (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Effie Darling
15. Birthplace Linn Co (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Gladene Madden
(b) Address Meadville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug - 7 - 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) Aug. 7, 1945 (Date received local registrar) (b) Mrs Vivia Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5th
year 1945 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 12, 1945, to Aug 5, 1945
that I last saw him alive on Aug 4, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Stomach	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)

(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?
(Specify type of place)

While at work (e) Means of injury

23. Signature R A Brennan (M. D. or other)

Address Chillicothe Mo Date signed 8/7/45

454 (Licensed Embalmer's Statement on Reverse Side)

DEC 14 1954

AUG 9 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 self, Registered Apprentice No. , working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling, 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.