. S. No. 2
M—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4663

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 181

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: 2008 So 10th (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 26 years years, months or days)

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. 2008 So 10th (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carl Madison Maddox

3. (b) If veteran, name war —

3. (c) Social Security No. Could not obtain

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased June (Month) 9 (Day) 1919 (Year)

8. AGE: Years 26 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Buchanan Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer - Not Emp Past

11. Industry or business 5 years

FATHER
12. Name Robert Maddox
13. Birthplace Buchanan Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Effie May Amos
15. Birthplace Buchanan Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robt Maddox

(b) Address St Joseph Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) Feb 13, 1946 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10 year 1946 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from Feb 11th 1946 Viewed, to , 19 ; that I last saw h , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of Lungs	
Due to Chronic Pulmonary Tuberculosis	
Due to	
Other conditions Chronic Pulmonary Tuberculosis (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 B. W. Tadlock Coroner (M. D. or other)

Address King Hill Bldg Date signed 2/11/46

34 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 Robert L. Gaple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.