No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1946

State File No. 8150

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 603 North English /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 77

(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")

(d) Street No. 603 North English 2
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME Charles Edwin Maddox

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Lucy Ann Maddox

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

7. Birth date of deceased March (Month) 3rd (Day) 1861 (Year)

8. AGE: Years 83 | Months 11 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Marion County (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Phillip Maddox
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country) /

MOTHER
14. Maiden name Caroline Kinshloe
15. Birthplace ..... (City, town, or county) Virginia (State or foreign country) /

16. (a) Informant Rufus Maddox
(b) Address 603 N-English, Marshall, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell-Ruiz
(b) Address Marshall, Missouri

19. (a) 2-22-46 (Date received local registrar) (b) Mrs T. O. Westhook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17th
year 1946 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 8, 1932, to Feb. 17, 1946
that I last saw him alive on Feb. 15, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio sclerosis	
Due to	
Due to	
Other conditions Prostatism (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 0

23. Signature [illegible], M.D. (M. D. or other)

Address Marshall, Mo. Date signed 2-18-46

294 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-16

JAN 17 1951

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 Jas. H. Lewis

Licensed Embalmer No. 1171

P. O. Address Marshall 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.