

S. No. 2
M-5-43
5-17-39
I X36671

FILED APR 18 1946

Registration District No. **43**

Primary Registration District No. **3007**

1. PLACE OF DEATH:

(a) County **Butler**

(b) City or town **Poplar Bluff, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
203 N. 5th /
(If not in hospital or institution, write street number or location)

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

In this community **55 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler** /2

(c) City or town **Poplar Bluff** /7
(If outside city or town limits, write "RURAL")

(d) Street No. **203 N. 5th** /3
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No) /
If yes, name country _____

3. (a) PRINT FULL NAME **John W. Madden**

3. (b) If veteran, name war _____

3. (c) Social Security No. **488-12-9861**

4. Sex **M** / 5. Color or race **W**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **April 10 1876**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	11	28	hr. min.

9. Birthplace **Missouri** /
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER

12. Name **Charles A. Madden**

13. Birthplace **Illinois** /
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Fizzell**

15. Birthplace **Missouri** /
(City, town, or county) (State or foreign country)

16. (a) Informant **Francis Northcutt**

(b) Address **St. Louis, Mo.**

17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **4/11/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn**

18. (a) Signature of funeral director **Greer Croy & Fitch**

(b) Address **Poplar Bluff, Mo.**

19. (a) **4-13-46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8**
year **1946** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **8 April 1946** to **8 April 1946**
that I last saw him **im** alive on **8 April 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Generalized peritonitis** /24 hrs

Due to **Perforated Peptic Ulcer** /2 x hrs

Due to _____

Other conditions **129**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury

23. Signature **[Signature]** M. D. or O.D. _____

Address **Poplar Bluff, Mo.** Date signed **10 April 46**

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

11252

RECEIVED

District Health Office No. 2,

District File Number 446-534

Date Filed 4-16-46

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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.