

FILED DEC 31 1946

Registration District No. _____

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler

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

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

(d) Length of stay: In hospital or institution 1 da
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. 605 Adams
(If rural, give location)

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

3. (a) PRINT FULL NAME Vivian Ann Maddux

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1946 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____,
that I last saw h. er alive on Nov 22, 1946
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased September 12 1946
(Month) (Day) (Year)

Immediate cause of death Asphyxiation Duration _____

8. AGE: Years _____ Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

Due to cardiac failure

Due to Lobar pneumonia

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Everett B. Maddux

13. Birthplace Poplar Bluff Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Berniece Souders

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy 108

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

16. (a) Informant Everett Maddux

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof 11/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Poplar Bluff, Mo.

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

(b) Address Poplar Bluff, Mo.

19. (a) 12-17-46 (b) [Signature]
(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 A.D. Markel (M. D. or other) M. D.
Address Poplar bluff, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
38581

RECEIVED

District Health Office No. 2

District File Number 1246-1485

Date Filed 12-27-46

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 M. Fitzh

Licensed Embalmer No. 3FV-9

P. O. Address Poplar Bluff, 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.