. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 6 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24560

Registration District No. 136 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 126 N. Picher St; /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 64 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 126 N. Picher St; 5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

3. (a) PRINT FULL NAME James N. (Nick) Maddy
3. (b) If veteran, name war No
3. (c) Social Security No. 489-24-6293

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Lillian Maddy
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Mar. 5, 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace Joplin Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired News&Cigar Store operator
11. Industry or business
FATHER
12. Name John Maddy
13. Birthplace Peoria Ill; / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Maggie Heidrich
15. Birthplace Penn; / (City, town, or county) (State or foreign country)
16. (a) Informant Lillian Maddy
(b) Address 126 N. Picher St; Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1, 47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope Cemetery
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 7-1-47 (Date received local registrar) (b) Dolores Lampkins (Registrar's signature) 120

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June 29, day 1947
year ..... hour 11-00 A.M. minute ..... M.
21. I hereby certify that I attended the deceased from June 28 1947 to June 29 1947
that I last saw him alive on June 28 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion (thrombosis)	1 day
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
Signature Robt. L. Neff (M. D. or other) M.D.
Address Joplin Mo. Date signed 6/30/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-7-634

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 Perry K Zuelbert

Licensed Embalmer No. 909

P. O. Address Joplin 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.