1/47
17.39

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

National Office of Vital Statistics 1

STANDARD CERTIFICATE OF DEATH

State File No. 30705

FILED SEP 25 1947

Registration District No. 1

Primary Registration District No. 3012

Registrar's No. 137

1. PLACE OF DEATH:

(a) County: Clay

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

(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 2 mos. 29 days (Specify whether years, months or days)

In this community 2 mos. 29 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 908 Elliott Avenue (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME: Sylvester Madison

3. (b) If veteran, name war: World War I

3. (c) Social Security No.: Yes--Not Remembered

4. Sex: Male 2

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 27 (Day) 1891 (Year)

8. AGE: Years 56 | Months 4 | Days 24 | If less than one day: hr. min.

9. Birthplace: Conway (City, town, or county) Arkansas (State or foreign country) 1

10. Usual occupation: Owner--Manager

11. Industry or business: Shine and Shoe Shop

MOTHER FATHER

12. Name: Summers Madison

13. Birthplace: -- (City, town, or county) -- (State or foreign country) 9

14. Maiden name: Leeannei Smith

15. Birthplace: -- (City, town, or county) South Carolina (State or foreign country) 1

16. (a) Informant: Hospital Records, Veterans Administration Hospital

(b) Address: Excelsior Springs, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-25-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Removed to: St. Louis, Missouri

18. (a) Signature of funeral director: Chas V. Hope

(b) Address: HOPE FUNERAL HOME Excelsior Springs, Missouri

19. (a) 8/25/47 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21 year 1947 hour 11 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 22, 1947, to August 21, 1947; that I last saw him alive on August 21, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis of the lung far advanced	Unknown
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Tuberculosis of thoracic vertebra	Unknown

Major findings:
Of operations: B 10
Of autopsy: NO AUTOPSY PERFORMED

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? --

While at work? -- (Specify type of place) (e) Means of injury: -- 0

23. Signature: Louis L. Fiorito (M. D. or other) M.D.

Address: LOUIS L. FIORITO M. D. Veterans Administration Hosp. Excelsior Springs, Missouri Date signed 8/21/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Health Officer No. 6
File Number
Date Filed 9-24-41

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 J. J. Moss

Licensed Embalmer No. 3296.

P. O. Address Ex Springs 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.