

FILED SEP 16 1947

Registration District No. 138

Primary Registration District No. 5527

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Wheatland - Rural -
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory #3
(c) City or town Wheatland - Rural -
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY H. Madewell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Delcie Guetrude Madewell 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased OCTOBER 22 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Samuel Madewell
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name MARY JANE BAILEY
15. Birthplace IOWA (City, town, or county) (State or foreign country)

16. (a) Informant MRS Delcie Madewell
(b) Address Wheatland, Mo

17. (a) Burial (b) Date thereof Aug 19 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove Cemetery

18. (a) Signature of funeral director Wheatland General Home
(b) Address Wheatland, Mo

19. (a) Sept 10-1947 (b) W. P. Hargiss
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1947 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from August 13 1947
to August 13 1947
that I last saw him alive on August 13 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma
Due to Diabetes

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Co

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? Y

While at work? _____ (Specify type of place) (c) Cause of injury _____
23. Signature H. B. Easton (M. D. or other) MD
Address Wheatland, Mo Date signed Sept 3 1947

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
EMERALD MOUNTAIN OFFICER No. 7,
DISTRICT OF COLUMBIA
Date Filed 9-15-47

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... *Chas Gilbert Hethaway*
Licensed Embalmer No. *4267*
P. O. Address *Terrace Road, MD*

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.