

S. No. 2  
M-8-43  
v. 5-17-39  
I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38832

State File No. \_\_\_\_\_

FILED NOV 19 1947

Registration District No. 179

Primary Registration District No. 4287

Registrar's No. 55-

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Addison Madden

3. (b) If veteran, name war no

3. (c) Social Security No. 270

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Sera Boudinier Madden

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug 26 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 11  
If less than one day hr. min.

9. Birthplace Trimble Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business \_\_\_\_\_

12. Name Alexander Madden

13. Birthplace Unknown Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Stevens

15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Madden

(b) Address Troy Mo

17. (a) Burial (b) Date thereof: Nov 8 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edia Mo

18. (a) Signature of funeral director Roman E. Coach

(b) Address Edia, Mo.

19. (a) Nov 7 1947 (b) N.E. Coach, Edia, Mo.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

(c) City or town Troy  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 1947 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from 10/15/47 to Nov 7 1947  
that I last saw him alive on Nov 7 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Arterio Sclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature J. B. Smith (M. D. or Other) \_\_\_\_\_

Address Troy, Mo Date signed 11/8/47

Duration 2 days

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

7  
2  
0

Nov. 15th 1947/62  
(Licensed Embalmer's Statement on Reverse Side)  
Emanuel D. Riddle

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed  
NOV 18 1947

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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..... *Roman E. Gooch*.....  
Licensed Embalmer No. *2342*.....  
P. O. Address..... *Edelia 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.