No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 11592

FILED MAY 3 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 492

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

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: 211 So. 16th 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 50 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

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

(d) Street No. 211 So. 16th St. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Elizabeth Grey Madison

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Claude Madison

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased May (Month) 6 (Day) ~~1869~~ 1870 (Year)

8. AGE: Years ~~78~~ 77 Months 11 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace New Richmond (City, town, or county) Ohio (State or foreign country)

10. Usual occupation A t home

11. Industry or business A t home

12. Name Lewellen Grey

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

14. Maiden name Sally Blair

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

16. (a) Informant Claude Ma dison

(b) Address St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/30/48 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 5-1-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

Corr. by app. H. Elliott 6-23-48

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 27 year 1948 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from November 2, 1946 to April 27, 1948; that I last saw her alive on April 12, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Stokes-Adams Syndrome | 5 min |
| Due to | |
| Due to | |
| Other conditions Arteriosclerosis (Include pregnancy within 3 months of death) | — |
| Major findings: Of operations | |
| Of autopsy | |

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)

While at work? ..... (e) Means of injury .....

23. Signature H. P. Earle (M. D. ~~or other~~)

Address 706 Francis Date signed 4-28-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri.

JUL 30 1953

## 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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, M

**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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Buchanan

State File No.
Local Registrar's No. 492

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 4th day of May, 1948, before me appears Claude Madison, who, upon his oath, states that the original record of ~~birth~~ death for Elizabeth Grey Madison ~~born~~ died April 27, 1948, in the State of Missouri, and which was filed at St. Joseph, Mo. on, 19, should be corrected as follows:

Item No. 7 should read May 6, 1870
Instead of May 6, 1869

Item No. should read
Instead of

Item No. 8 should read 77-11-21
Instead of 78-11-21

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Claude Madison Husband
Relationship.

211 So. 16th St., St. Joseph, Mo.
Present Address.

Subscribed and sworn to before me this 5th day of May, 1948.

My Commission Expires Oct. 18, 1950

My Commission expires

Clarice Bowman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
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