No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33840

Registration District No. 316 — Primary Registration District No. 3059 — Registrar's No. 229

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Bonne Terre (If outside city or town limits, write "RURAL") 2
(d) Street No. 220 Louise (If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME EARL HENRY MADDERN
3. (b) If veteran, name war ✓
3. (c) Social Security No. 490-03-1303
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Madden
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb (Month) 18 (Day) 1894 (Year)

8. AGE: Years 54 Months 7 Days 18 If less than one day hr. min.

9. Birthplace Herculaneum (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Accountant
11. Industry or business St. Joseph Lead Co.
FATHER
12. Name William H. Madden
13. Birthplace Lands End England (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Whitelnight
15. Birthplace New Ashland (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Bessie Madden
(b) Address 220 Louise Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 8, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation B. T. Cemetery
18. (a) Signature of funeral director Benham Und Co
(b) Address 313 Benham Bonne Terre Mo
19. (a) 10-14-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 744

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6th year 1948 hour 3 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 22, 1948 to Oct 6th 1948 that I last saw him alive on Oct. 5 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	2 wks.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Uremic poisoning due to acute nephritis	2 wks.

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) 0
While at work? (e) Means of injury
23. Signature M. T. Haw, Jr. (M. D. or other) M.D.
Address Bonne Terre, Mo. Date signed 10/9/48

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

RECEIVED

District Health Officer No. 7

District File Number 1048-12

Date Filed 10-18-48

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.