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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36727
Registrar's No. 4832

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Gibson

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

(c) Name of hospital or institution: Home 1317 Bennington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank M. Maddox

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Mary Maddox

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased: (Month) 9-1 (Day) - (Year) 1861

8. AGE: Years 87 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Lula Sawyer

(b) Address 1317 Bennington Kansas City

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation burial Osceola, Mo.

18. (a) Signature of funeral director F.P. Goodrich

(b) Address Osceola, Mo.

19. (a) 11-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

(c) City or town Cassco, Mo Rural (If outside city or town limits, write "RURAL")

(d) Street No. 1 (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 26 year 1948 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 23-1948 to Nov 26 1948 that I last saw him alive on 11-23 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar Duration 3 da

Due to Arterial Hypertension yrs

Due to _____

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

Major findings: Of operations 100

Of autopsy _____

PHYSICIAN _____ Underline the cause to 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? U

F.B. Wallace (Specify type of place) While at work? _____ (e) Means of injury _____

Signature F.B. Wallace (M. D. or other) Address 1215 Beal's Bldg Date signed 11/26/48

EMERY & I. WOLF

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 Ray Miller

Licensed Embalmer No. 4497

P. O. Address. Osceola, 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.