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. 37427

FILED DEC 2 1948

Registration District No. 327

Primary Registration District No. 5804

Registrar's No. 56

9
3

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

1. PLACE OF DEATH:

(a) County MONROE JACKSON

(b) City or town Rural ~~Jefferson~~ Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: COUNTY FARM. 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 69

(a) State Missouri (b) County MONROE

(c) City or town MONROE CITY. 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. 318 N. LOCUST ST 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MINNIE Margarete Maddox

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

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

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

7. Birth date of deceased NOVEMBER (Month) 17 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	11	28	..... hr. ..... min.

9. Birthplace Ralls COUNTY (City, town, or county) Missouri (State or foreign country)

10. Usual occupation AT HOME.

11. Industry or business .....

FATHER
12. Name Baylor Maddox.
13. Birthplace KENTUCKY. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarete Ryles
15. Birthplace KENTUCKY. (City, town, or county) (State or foreign country)

16. (a) Informant Ella McFarland
(b) Address Monroe City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation Hydesburg. Ralls Co Mo

18. (a) Signature of funeral director Wilson & Sons
(b) Address MONROE CITY, MO

19. (a) 11-15-48 (Date received local registrar) (b) Elbert Baker M.D. (Registrar's signature) 205

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14
year 1948 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Nov 14, 1948 to Nov 14, 1948
that I last saw her alive on Nov 14, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

836

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 30

23. Signature Geo M. Keppler (M. D. or other)

Address Monroe Mo Date signed .....

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

0

RECEIVED
District Health Officer No. 10
District File Number 11-48-2047
Date Filed NOV 30 1948

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 me

Registered Apprentice No.

working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City 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.