

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23516

State File No. _____

2870

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2870</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 8 1/2 Year		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		19 <i>dy</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Northeast Hospital				d. STREET ADDRESS (If rural, give location) 5014 East Eighth St.				0	
3. NAME OF DECEASED (Type or Print)			a. (First) Perry		b. (Middle) Clarence		c. (Last) Maddox		
4. DATE OF DEATH		(Month) July		(Day) 2		(Year) 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 5th 1871			
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if resigned) Clerk of Police Court			10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) McCredie, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME William Maddox			13b. MOTHER'S MAIDEN NAME Mildred Jones			14. NAME OF HUSBAND OR WIFE Mrs Lillie Maddox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Maxie Clare Maddox			ADDRESS Kansas City Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis						INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis						?	
		DUE TO (c) Senility							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None						4221	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) X		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) X		21c. (CITY, TOWN, OR TOWNSHIP) X		(COUNTY)		(STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) X		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? X					
22. I hereby certify that I attended the deceased from <u>4-1</u> , 19 <u>49</u> , to <u>7-2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-2</u> , 19 <u>49</u> , and that death occurred at <u>7:25</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Frank E. Day (Degree or title)						23b. ADDRESS 4314 E 9th, et K.C., Mo		23c. DATE SIGNED 7-3-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 4 1949		24c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery		24d. LOCATION (City, town, or county) McCredie Missouri		(State)	
DATE REC'D BY LOCAL REG. 7-4-49		REGISTRAR'S SIGNATURE Staldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Mrs C.L. Forster		ADDRESS Kansas City, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

Ch. 4693

119 So. 25th Street

Dr. Will Call.

to take to home

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

Gen Clark

Licensed Embalmer No.

4216

P. O. Address.....

A. B. Mo.

Signed.....
Student Embalmer

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.

1-4-5