

REC'D DEC 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39602
Do not use this space.

1. PLACE OF DEATH

(a) County Laclede Registration District No. 277
(b) Township Mayfield Primary Registration District No. 5610
(c) City _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
John Edw Padgett
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Padgett Dec
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1862
7. AGE YEARS 76 MONTHS 9 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Tramcar
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannah
Palmdale Cal
13. NAME Francis Padgett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown
15. MAIDEN NAME Mary Ellen Brownfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown
17. INFORMANT (ADDRESS) Oscar Davis
Richland Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Padgett Semetary DATE Nov 17 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. B. Steger
Richland Mo
20. FILED _____ 19 _____
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 19 38
22. I HEREBY CERTIFY That I attended deceased from 11-13 19 38 to 11-16 19 38
I last saw him alive on 11-15 19 38 Death is said to have occurred on the date stated above, at 2:45 a. m.
The principal cause of death and related causes of importance were as follows:
Croupy pneumonia
both lungs
Date of onset _____
Other contributory causes of importance: 108
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 19 _____
Where did injury occur? home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. B. Steger M. D.
(Address) Richland Mo
458

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 71

District File Number 7-28-502

Date Filed 12-7-38

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39602
Do not use this space.

1. PLACE OF DEATH
 (a) County Racine Registration District No. 277
 (b) Township Mayfield Primary Registration District No. 3610 Registered No. 9
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Edd Padgett
 (a) Residence, No. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leona Padgett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-2-1862

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>76</u> | <u>9</u> | <u>14</u> | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannah
Pulaski Co - Mo
 13. NAME Francis Padgett

MOTHER
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
unknown
 15. MAIDEN NAME Mary Ellen Brownfield
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
unknown

17. INFORMANT (ADDRESS) Oscar Days
Richland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Padgett Cem DATE Nov 17 1938

19. FUNERAL DIRECTOR (ADDRESS) R. B. Ferpen
Richland Mo

20. FILED Dec-3 1938 C. E. Baston
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 11-13 to 11-16 1938
 I last saw him alive on 11-15 1938. Death is said to have occurred on the date stated above, at 2:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia
both lungs
 Other contributory causes of importance: 105

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur? none
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.....
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) R. J. Howlett, M. D.
 (Address) Richland Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

