

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

43966

Do not use this space.

1. PLACE OF DEATH

(a) County Macan Registration District No. 528
 (b) Township Valley Primary Registration District No. 5722 A Registered No. _____
 (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 Edna Jane Padgett

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23 - 1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 11 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Missouri

FATHER 13. NAME John L. Farces

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Mary Ann Milsapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) John Padgett
Calcas mo

18. BURIAL, CREMATION, OR REMOVAL PLACE old Charity DATE Nov 26 1939

19. FUNERAL DIRECTOR (ADDRESS) Henry C Young
Ether and

20. FILED 12-15-1939 H. J. Baker Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1939, to Nov 24 1939

I last saw her alive on Nov 24 1939 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Draper HTK

Date of onset 1939

Other contributory causes of importance: Fracture of Heart 1938

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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? _____ (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) E. West M. D.
 (Address) New Dominion 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.

RECEIVED

District Health Officer No. 10

District File No. *1-40-103*

Date Filed *JAN 20 1940*

STATEMENT BY LICENSED EMBALMER

I, *Henry C. Young*, Licensed Embalmer No. *3402*

hereby certify that the body recorded on the reverse side of this certificate ^{*was*} ~~was~~ embalmed by

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

Henry C. Young

Licensed Embalmer No. *3402*

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.)