

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.

Registration District No. 548

Primary Registration District No. 5740

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Marion Linton, Mo.
(b) City or town
(c) Name of hospital or institution: County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

8. (a) PRINT FULL NAME Henry Padget 323
8. (b) If veteran, name war. _____ 8. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 20 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 15 If less than one day
hr. _____ min. _____

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

10. Usual occupation Cook

11. Industry or business _____

MOTHER FATHER { 12. Name no record 9
18. Birthplace " " " " (City, town, or county) (State or foreign country)

14. Maiden name " " " " (City, town, or county) (State or foreign country)
15. Birthplace " " " " (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Steve Drake
(b) Address Palmyra Mo.

17. (a) Burial (b) Date thereof Aug 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Palmyra Cemetery

18. (a) Signature of funeral director C. J. Duquesne
(b) Address Palmyra Mo.

19. (a) Aug 10 1940 (b) Vertude Lee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. County Hospital
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1940 hour 8 minute _____ P. M.
21. I hereby certify that I attended the deceased from August 6, 1940, to August 9, 1940;
that I last saw him alive on August 9, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Myocarditis
and
Chronic Nephritis

Due to _____
Due to _____

Other conditions
(Include pregnancy within 8 months of death)

Major findings: 121
Of operations _____

Of autopsy _____

Duration _____
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? Yes
(Specify type of place) _____
(e) Means of injury _____

23. Signature Dr. Marion Blackman (M. D. certificate)
Address Palmyra, Mo. Date signed Aug 10

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.....

Carl Affott....., Registered Apprentice No. 229
working under my personal supervision.

Signed E. J. Sprague.....

Licensed Embalmer No. 3245.....

P. O. Address Palmira 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, above space should be left blank.