S. No. 2
I—9-4-41
. 5-17-39
I X29484

12
7
3

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6055

Registration District No. 89 Primary Registration District No. 3007 Registrar's No. 75

1. PLACE OF DEATH:

(a) County BUTLER
(b) City or town POPLAR BLUFF (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: — (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether years, months or days)
In this community 16 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12
(c) City or town POPLAR BLUFF 7 (If outside city or town limits, write "RURAL")
(d) Street No. MARTIN STREET 3 (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANNIE SUSAN PADGETT

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 2
6. (b) Name of husband or wife JOHN W. PADGETT
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MAY (Month) 17 (Day) 1880 (Year)

8. AGE: Years 61 Months 9 Days 15 If less than one day hr. min.

9. Birthplace ALMSTEAD (City, town, or county) ILL 1 (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business —

FATHER
12. Name ISAAC GOINES 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN 9
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Andy Pearson
(b) Address RFD #2 Poplar Bluff Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN CEM.
18. (a) Signature of funeral director N.T. Phelps
(b) Address Poplar Bluff Mo
19. (a) 3-4-42 (Date received local registrar) (b) Belle Kinnel (Registrar's signature) 43

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 2" year 1942 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Nov 1, 1941, to Mar 2, 1942 that I last saw her alive on Mar 1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema — Duration two days
Due to Chronic Myocarditis — year
Due to
Other conditions (Include pregnancy within 3 months of death) 111C
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Alfred R Rong (M. D. or other)
Address Poplar Bluff Date signed 3-4-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 342-398
Date Filed 3-13-42

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 N. J. Phelps

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.