

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **1260**

ED MAR 20 1943 149

Registration District No. _____ Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
7411 Olive Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **7411 Olive Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mr. James Robert Paden**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **486-01-2430**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mrs. Cleffie Paden** 6. (c) Age of husband or wife if alive **64** years
 7. Birth date of deceased **November 10 1875**
(Month) (Day) (Year)

8. AGE: Years **67** Months **4** Days **1** If less than one day hr. _____ min. _____

9. Birthplace **Salem Arkansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Flour Salesman**

11. Industry or business **Southwestern Milling Company**

12. Name **Robert Paden**
 13. Birthplace _____
 14. Maiden name **Mary Oliver**
 15. Birthplace _____

16. (a) Informant **Mrs. J. P. Paden**

(b) Address **Burial 7411 Olive Street**

17. (a) **Burial** (b) Date of occurrence **March 11 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **W. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **3-13-43** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **11th**
 year **1943** hour **4** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **Mar 10-43**
to Mar 11 1943 to _____ 19____;
 that I last saw him alive on **Mar 11 1943**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Branchial pneumonia following total paralysis + cerebral hemorrhage**
 Due to _____
 Due to _____

Other conditions **83rd**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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

23. Signature **James Paden** (M. D. or other) _____
 Address **802 + Baker** Date signed **3/11/43**

Duration **5 yrs**
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

2.5
M. E. 10 & 4 Pages

Whitcomb
Peter C. Hall
L. L. L.

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address RCMA

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.