

FILED JUL 13 1943

State File No. ....

Registration District No. 27

Primary Registration District No. 5089

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural Pleasant Gap Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Home  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Pleasant Gap Twp  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME William H Padley

3. (b) If veteran, name war.....

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1942 hour 11:55 minute A. M.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs Lila A Padley

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 18 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 20<sup>th</sup> 1943 to June 30<sup>th</sup> 1943  
that I last saw him alive on June 30<sup>th</sup> 1943  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage

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

Due to Chronic Arteriosclerosis

10. Usual occupation Farmer

Due to.....

11. Industry or business.....

Other conditions (Include pregnancy within 3 months of death) 82a1

12. Name Wm Padley

Major findings: Of operations.....

13. Birthplace Yorkshire England  
(City, town, or county) (State or foreign country)

Of autopsy.....

14. Maiden name Mary Thomas

15. Birthplace Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs W H. Padley

(b) Address Butler Mo

17. (a) Buried (b) Date thereof July 3 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View Cemetery

18. (a) Signature of funeral director Culver

(b) Address Butler Mo

19. (a) July 3, 1943 (b) Pauline Hampton  
(Date received local registrar) (Registrar's signature)

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 0 msl

23. Signature L. D. Luther (M. D. or other) msl

Address Butler, Mo Date signed 7-1-43

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

MOTHER FATHER

1306

RECEIVED

District Health Officer No. 7,

District File Number 6-43-701

Date Filed 7-12-43

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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 C. E. Culver

Licensed Embalmer No. 2576

P. O. Address Butte 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.**