

S. No. 2
M-5-43
5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33710

FILED NOV 12 1946

State File No.

Registration District No. 111

Primary Registration District No. 1002

Registrar's No. 4584

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

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:
1213 East 41 St
(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) 3 Yrs

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. 1213 East 41 St.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country.....

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3
8
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3. (a) PRINT FULL NAME Lula Ann Padley

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 30 1946
year 1946 hour 3 minute P M.

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife William H. Padley

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

7. Birth date of deceased Oct 19 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him alive on....., 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

77	0	11	hr. min.
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Immediate cause of death Septic Coronary Coronary Sclerosis

Due to.....

Due to.....

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

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 93-2

Major findings: Of operations.....

Of autopsy History Inspection

11. Industry or business.....

MOTHER FATHER { 12. Name Joseph Evans

{ 13. Birthplace No Record
(City, town, or county) (State or foreign country)

{ 14. Maiden name No Record

{ 15. Birthplace No Record
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be ascribed statistically.

16. (a) Informant Mrs Henry Gaugh (Daughter)

(b) Address 1213 East 41 St

17. (a) Removal (b) Date thereof Oct 31 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eutler Missouri

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?.....

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 10-31-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature A. E. Upsher (M. D. or other)
Address 2800 1/2 Main Date 10/31/46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.