

S. No. 2
M-543
v. 5-17-39
P I X36671

3877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 4 1947
Registration District No. 1

Primary Registration District No. 5041

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
4 mi NE of Cassville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Most of Life
years, months or days

3. (a) PRINT FULL NAME James Edward PADGETT

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Martha Jane Padgett 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. 17, 1873
(Month) (Day) (Year)

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

73 3 27 --- hr. --- min.

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Theopolus Padgett

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

14. Maiden name Susan E. Thompson

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

16. (a) Informant Mrs. Elma Luney

(b) Address Cassville, Mo.

17. (a) Burial (b) Date thereof 2/16/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address Cassville, Missouri

19. (a) Feb 24 1947 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 4 mi NE of Cassville
(If rural, give location)

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

If yes, name country: ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14th
year 1947 hour 3:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 23, 1943
to Dec 20, 1946

that I last saw him alive on Dec 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Non specific pulmonary congestion

Due to Myo carditis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature W.R. The Clure (M.D. or other) D.O.
Address Cassville, Mo. Date signed Feb 23

RECEIVED

District Health Officer No. 6,

District File Number 347-276

Date Filed MAR 3 1947

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.....

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Cassville, 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.