S. No. 2
4—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 19 1947

Registration District No. 147

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24320

Registrar's No. 2883

WRITE PLAINLY—USING 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: 5224 EAST 28TH STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 26 YEARS
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. 5224 EAST 28TH STREET
(If rural, give location)

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

If yes, name country .....

48
3
8
0

3. (a) PRINT FULL NAME MR. RUSSELL PAGETT, SR.

3. (b) If veteran, name war NO

3. (c) Social Security No. 487-03-1698

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. JOAN PAGETT

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased SEPTEMBER 20 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	9	~~14~~ 4	..... hr. ..... min.

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

10. Usual occupation PURCHASING AGENT

11. Industry or business LARABEE MILLS

FATHER
12. Name JOHN PAGETT
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name EMILY HERRON
15. Birthplace MOBERLY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JOAN PAGETT
(b) Address 5224 EAST 28th STREET

17. (a) BURIAL (b) Date thereof 7-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. N. Dewcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 7-7-47 Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4TH
year 1947 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from 12/13 1944 to 7/4 1947
that I last saw him alive on 5/5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	3½ yrs
Coronary Heart Disease	"
Due to Hypertension	11 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93 d

Of autopsy

PHYSICIAN

Underline the cause of 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 6

23. Signature James D. Smith (M. D. ~~or other~~)

Address 318 Prof. Bldg. Date signed 7/5/47
KC. MO.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

318 Professional Bldg.
11-5

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address K. C. 3 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.