S. No. 2
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41936

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 1383

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph (If outside city or town limits, write "RURAL" and name of township) 1

(c) Name of hospital or institution: Missouri Methodist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Sept. 13, 1940 (Specify whether years, months or days)

In this community Fifty years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. 1218 North 10th Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Mrs. Susie Paden

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harve J. Paden

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

7. Birth date of deceased March (Month) 3 (Day) 1861 (Year)

8. AGE: Years 79 | Months 9 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace Tyler (City, town, or county) Texas (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business 0

FATHER
12. Name Jacob Cogdill 0
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Katherine Finnell
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Verna Chapple,

(b) Address Troy, Kansas R #1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 2, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director E. R. SIDENFADEN FUNERAL HOME

(b) Address 602 South 10th St.

19. (a) 1/1/41 (Date received local registrar) (b) H J Nettlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 31 day 31 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 12, 1940 to Dec 31, 1940 that I last saw her alive on Dec. 30, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterio-Sclerosis	not determined
Due to	
Due to	
Other conditions Fracture of right hip (Include pregnancy within 3 months of death)	Suffered 9/10/40

Major findings: Of operations none made

Of autopsy none made

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) Accident

(b) Date of occurrence Sept. 10, 1940

(c) Where did injury occur? St. Joseph (City or town) Mo. (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 85 Home (Specify type of place)

While at work? No. (e) Means of injury getting out of bed fall

23. Signature Gordon D. Wright MD (M.D. or other) MD

Address 845 So 19th St. St. Joseph, Mo. Date signed Jan. 1, 1941

(Licensed Embalmer's Statement on Reverse Side)

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, & by

Mollie E. Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed R. V. West

Licensed Embalmer No. 3876

P. O. Address St. Joseph, 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, above space should be left blank.