

FILED MAY 15 1948

Registration District No. 57

Primary Registration District No. 5088

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural Hudson Twp
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) _____
(d) Length of stay: In hospital or institution _____
In this community 40 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Mariah PADGETT

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife James W. Padgett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 23 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days 3 If less than one day _____ hr _____ min.

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

10. Usual occupation Housekeeping

11. Industry or business _____

12. Name William McDowell

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

14. Maiden name Unknown

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

16. (a) Informant A. A. Prier

(b) Address Appleton City Mo

17. (a) Burial (b) Date thereof Apr 29 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Grm

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) April 30 1948 (b) Mrs. Wiebet Steiner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 26
year 1948 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 15
1948 to April 27, 1948
that I last saw her alive on 4-25-48, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Apoplexy

Due to Chronic Nephritis

Due to Hypertension

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: 1316

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 _____

23. Signature R. L. Hansen (M. D. or other) MD

Address Appleton City Mo Date signed 4-29-48

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

MAY 12 1953

RECEIVED

District Health Officer No. 7;

District File Number

4-43-447

Date Filed

5-14-43

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 *me*

on the 26th day of Apr 1943, Registered Apprentice No. _____
working under my personal supervision.

Signed *Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address *Appleton City, 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.