

FILED FEB 5 1947

Registration District No. 64

Primary Registration District No. 4110

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

1. PLACE OF DEATH:

(a) County Chariton  
(b) City or town Salisbury  
(c) Name of hospital or institution: 506 E. 2nd St 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days)

8. (a) PRINT FULL NAME EMMA-BELL-PADGETT

8. (b) If veteran, name war ✓ 8. (c) Social Security No. ✓

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife George Padgett 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Aug 16 1868  
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days 16 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business

MOTHER FATHER  
12. Name Andrew Anderson  
13. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Padgett  
(b) Address Salisbury Mo.

17. (a) Burial (b) Date thereof Jan 14 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury

18. (a) Signature of funeral director Thad & Gairist  
(b) Address Key town

19. (a) 1-24-47 (b) D. H. Hawkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton  
(c) City or town Key town  
(If outside city or town limits, write "RURAL")  
(d) Street No. ✓ 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ✓ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17  
year 1947 hour 7 minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan 17 1947 to Jan 17 1947  
that I last saw her alive on Jan 12 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 10 min

Due to Coronary sclerosis 3

Due to -

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations — Of autopsy — 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 0

23. Signature J. L. Danney (M. D. or other) MD  
Address Salisbury Mo Date signed 1-24-47

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 1-31-41

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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 H. D. Smith

Licensed Embalmer No. 3046

P. O. Address Keyserville 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.