

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 1 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1251

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 1623 E. 33rd Street 1
(If not in hospital or institution, write street number or location)

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

In this community 35 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 1623 E. 33rd Street
(If rural, give location) 8

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Beunice Padfield

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day 16TH year 1947 hour 4:00 minute a M.

21. I hereby certify that I attended the deceased from 1623 E. 33rd Street 19____ to _____ 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Name of husband or wife MR. WALTER R. PADEFIELD 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEBRUARY 8 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>1</u>	<u>8</u>	_____ hr. _____ min.

Immediate cause of death Pneumo-pneumonia

Due to _____

Due to _____

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

10. Usual occupation OWN BUSINESS

11. Industry or business REAL ESTATE

Other conditions (Include pregnancy within 3 months of death) 107

Major findings: Of operations _____

MOTHER FATHER

12. Name WILLIAM V. DENNON

13. Birthplace ROSS COUNTY OHIO 1
(City, town, or county) (State or foreign country)

14. Maiden name MATILDA W. ROTH

15. Birthplace PECKWAY COUNTY OHIO 1
(City, town, or county) (State or foreign country)

Of autopsy no

History of Inspection

22. If death was due to external causes, fill in the following:

16. (a) Informant A. D. ...

(b) Address 901 Ogden, Clinton Dec

17. (a) BURIAL (Burial, cremation or removal) (b) Date thereof MAR 18 1947
(Month) (Day) (Year)

(c) Place: burial or cremation SLATER MISSOURI

18. (a) Signature of funeral director O. W. Newcomer, son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-18-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

(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 _____ 3

23. Signature James B. Walker M. D. or other _____

Address 1924 ... Date signed 3-16-47

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

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 Carl Rapp

Licensed Embalmer No. 3458

P. O. Address K.C. 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.