

DEED FEB 27 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3636
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
(b) Township Richmond Primary Registration District No. 3035
(c) City Richmond (d) Street No. M.P.D. Anna M^y Neish Robinson Registered No. 196
(e) Length of residence in city or town where death occurred 2 1/2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fannie Eudora Patton

(a) Residence, No. Richmond Mo. St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ben R. Patton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31st, 1861.
7. AGE YEARS 76 MONTHS 9 DAYS 26 If LESS than 1 day, hrs. min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

13. NAME Wm. H. Keel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

15. MAIDEN NAME Ann Mary Linney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ken.

17. INFORMANT (ADDRESS) Wm. H. Keel
Paris Tex.

18. BURIAL, CREMATION, OR REMOVAL Richmond Mo. 1939
PLACE Sunny Slope DATE Jan 28th

19. FUNERAL DIRECTOR Brothers Funeral Home
(ADDRESS) Richmond Mo.

20. FILED Jan 28 1939 Make Johnson Deputy
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1938 to Jan 26 1939
I last saw her alive on Jan 26 1939 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Bulbar Paralysis

Other contributory causes of importance:

Lobar Pneumonia

Name of operation Chinist Date of Chinist
What test confirmed diagnosis? Chinist Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1939
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Chinist
Nature of injury Chinist

24. Was disease or injury in any way related to occupation of deceased?
If so, specify John M. Neish M. D.
(Signed) John M. Neish
(Address) Richmond

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/7/39

STATEMENT BY LICENSED EMBALMER

I, J. B. Brothers, Licensed Embalmer No. 2001
hereby certify that the body recorded on the reverse side of this certificate was embalmed by A. W. Mansueto
L. E. Geo
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Brothers Funeral Home

Licensed Embalmer No. 2001

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.)