

REC'D MAR 15 1939

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

6642

Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 14  
(b) Township Windsor Primary Registration District No. 4211  
(c) City Windsor (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 42. PRINT FULL NAME Mrs. Mary Ann Patton

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George M. Patton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 27, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 11 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) Windsor  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Steven Anderson  
14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY) unknown

17. INFORMANT Harold Patton  
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Feb. 6 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner 31  
(ADDRESS) Windsor, Mo.

20. FILED 39 11 J. J. Remington  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1938, to Feb 4, 1939  
I first saw her alive on Feb 4, 1939. Death is said to have occurred on the date stated above, at 4:20 p m  
The principal cause of death and related causes of importance were as follows:

Cardiac decompensation

Other contributory causes of importance:

Chronic myocarditis  
mitral insufficiency

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) Ray B Jordan, M. D.(Address) Windsor Mo

(Licensed Embalmer's Statement on Reverse Side)

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.  
District File Number 7-39  
Date Filed 3-7-39

**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.....

Edw. W. Hunter....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Edw. W. Hunter  
339  
Licensed Embalmer No.....

P. O. Address: Windsor, N.C.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.