

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

26090

Do not use this space.

1. PLACE OF DEATH 17 AUG 11 1939

(a) County Linn Registration District No. 468  
(b) Township 1 Primary Registration District No. 4281 Registered No. 12  
(c) City Marionville Mo (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. ds.

2. PRINT FULL NAME George 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Freddie Patton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1876  
7. AGE YEARS 62 MONTHS 9 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. farmer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Opark, Mo (STATE OR COUNTRY) \_\_\_\_\_

13. NAME John Patton

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Liza Ann Grey

16. BIRTHPLACE (CITY OR TOWN) Marionville (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Freddie Patton (ADDRESS) Marionville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville DATE 7-9

19. FUNERAL DIRECTOR (NAME) Orford Funeral Home (ADDRESS) Marionville, Mo

20. FILED 7-12 1939 Kaura O. Carnady Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1939  
22. I HEREBY CERTIFY, that I attended deceased from Dec. 21 1937 to July 3 1939  
I last saw him alive on July 2 1939. Death is said to have occurred on the date stated above, at 9 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Intestinal I.B. 1 yr ago  
Other contributory causes of importance: 75

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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) Wm. M. Weaver M.D.  
Address Marionville, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 829-1582

Date Filed AUG 9 1939

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**