No. 2
11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1940

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 2422

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 3 months
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Grove Springs, Mo.
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME Betty Elvina Patton 350

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 15 (Day) 1934 (Year)

8. AGE: Years	Months	Days	If less than one day
5	11	10	hr. min.

9. Birthplace Spring Lake (City, town, or county) Ill. (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Henry O. Patton

13. Birthplace (City, town, or county) Ill. (State or foreign country)

14. Maiden name

15. Birthplace Bertha May (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Henry O. Patton Ill.

(b) Address Grove Springs, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Grove Springs, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo. 240

19. (a) 1/29/40 (Date received by local registrar) (b) Chas A. Klenze M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-28-40 day

year hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 11-1-39, 19, to 1-28-40, 19;

that I last saw h. alive on 1-28-40, 19;

and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gastric Hemorrhage	2 days
Due to Splenic Anemia	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) None	

Major findings:
Of operations

Of autopsy Splenomegaly

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Eug. J. Schwartz (M. D. ~~or coroner~~)

Address Walnut St. Bldg. Springfield Date signed 1-29-40

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

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