

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5740

Registration District No. 4

Primary Registration District No. 3001

Registrar's No. 33

1. PLACE OF DEATH:

- (a) County Adair
(b) City or town Richardsville
(c) Name of hospital or institution: A. S. O.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 days
(Specify whether

In this community no
years, months or days)

3. (a) PRINT FULL NAME Glyde Joseph Patton

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if

7. Birth date of deceased Oct. 27, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 3 13 min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Joseph Patton

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

14. Maiden name Mildred Anderson

15. Birthplace Sweden
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature G. J. Patton

(b) Address Richardsville, Mo.

17. (a) _____ (b) Date thereof Jan 13, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Griffith Cemetery

18. (a) Signature of funeral director E. J. Kelly

(b) Address Richardsville, Mo.

19. (a) 2-22-40 (b) Spencer L. Neuman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Thos

(c) City or town Edina
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1940 hour 8:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 3
1940, to Jan 10, 1940;
that I last saw him alive on Jan 10, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 2 da

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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 B. R. Ellis M.D. (M. D. or other) 1

Address Richardsville, Mo. Date signed 7/20/40

RECEIVED

District Health Officer No. 10

District File Number 3-40-594

Date Filed MAR 12 1940

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.....

Geo B. Easley Jr....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo B. Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland Mass.

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.