No. 2
1-10-39
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X21492

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

FILED JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19100

State File No.

Registration District No. 611 Primary Registration District No. 4365 Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

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

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

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

In this community 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Seneca (If outside city or town limits, write "RURAL") 0

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

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

8. (a) PRINT FULL NAME Basil Monroe Patton 350

8. (b) If veteran, name war

8. (c) Social Security No. 448-05-3721

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife XXXX Tish Mhoon Patton

6. (c) Age of husband or wife if alive XXXX 47 years

7. Birth date of deceased Feb. 1st (Month) 1891 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	3	27	hr. min.

9. Birthplace Barry Co. Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Road Foreman 0

11. Industry or business 0

MOTHER FATHER

12. Name Chas M. Patton

13. Birthplace Barry County Missouri (City, town, or county) (State or foreign country)

14. Maiden name Etta Mae Hill

15. Birthplace Barry County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant X Robert A. Lawson

(b) Address Seneca, Mo.

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

(c) Place: burial or cremation Seneca Mo.

18. (a) Signature of funeral director Earl Rose

(b) Address Seneca, Mo.

19. (a) June 1, 1940 (Date received local registrar) (b) Merle Sparlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28th year 1940 hour 9:05 minute P M.

21. I hereby certify that I attended the deceased from May 1 1940 to May 28 1940 that I last saw him alive on May 28 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis of Kidneys	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 30	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations

Of autopsy

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? 5 45 (e) Means of injury

23. Signature T. B. Duemler (M. D. or other)

Address Seneca Mo. Date signed 5-31-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 640-1386,
Date Filed JUN 10 1941

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 Darley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho Mo

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.