

FILED JUL 15 1940

49
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper Malena, Mo.
(b) City or town Joplin - Rural
(c) Name of hospital or institution: RT 1 Box 441
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution lifetime (Specify whether years, months or days) 212

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RT 1 Box 441
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Claude William Patrick

3. (b) If veteran, (491-07-82578) (c) Social Security name war. 5 No. _____

20. DATE OF DEATH: Month July day 1st year 1940 hour 9:28 minute _____ P.M.

21. I hereby certify that I attended the deceased from June 25, 1940, to July 1st, 1940; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Jessie 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Sept. 25, 1885 (Month) (Day) (Year)

Immediate cause of death Chr. parenchymatous nephritis Duration ?

8. AGE: Years 54 Months 9 Days 6 If less than one day hr. _____ min.

Due to _____
Due to 121

9. Birthplace Jasper County, Mo. (City, town, or county) (State or foreign country)

Other conditions Chr. myocarditis (Include pregnancy within 3 months of death)

10. Usual occupation Miner

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name James M. Patrick
18. Birthplace no record
14. Maiden name Hazel Scott
15. Birthplace no record

16. (a) Informant Mrs. Jessie Patrick
(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 7-3-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Spinal Care

18. (a) Signature of funeral director Shirley M. Miller
(b) Address Joplin, Mo.

19. (a) 7-6-40 (b) Ed. D. James
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature James G. O'Brien (M. D. or other) 1761 D
Address 604 1/2 Main St. Joplin, Mo. Date signed July 6 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Don Tetruck

Licensed Embalmer No. 4008

P. O. Address Joplin

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 licensc.)

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