

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 406

Primary Registration District No. 5560

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper, Mo.
(b) City or town Bellville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence in Bellville, Mo. R.F.D. #3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Bellville
(If outside city or town limits, write "RURAL")
(d) Street No. Joplin, Mo. R.F.D. #3
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME WILLIAM HUMPHERY PATTISON.

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

4. Sex Male 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 Sept. 16, 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 4 If less than one day hr. _____ min.

9. Birthplace Bellville Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation 1

11. Industry or business _____

MOTHER FATHER { 12. Name James Jean Pattison
13. Birthplace Lincolnville, Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Lucille Shirel
15. Birthplace Colorado Springs, Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant James Jean Pattison

(b) Address Bellville, Joplin, Mo. R.F.D. 3

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

(c) Place: burial or cremation Carl Junction Cemetery

18. (a) Signature of funeral director Rayey Funeral Service

(b) Address Carl Junction, Mo.

19. (a) Sept 20 (b) Ray Maddox
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20
year 1940 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from Sept 16, 1940
to Sept 20, 1940
that I last saw him alive on Sept 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to § 21

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration
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? _____

23. Signature J. M. Pinkston, D.O. (Specify type of place) _____
While at work (e) Means of injury _____
Address Carl Junction Mo. Date signed 9/21/40

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

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 Rollins Knott

Licensed Embalmer No. 3685

P. O. Address Carl Junction, 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.