

No. 2  
4-13-40  
5-17-39  
I X23159

APR 4 1941

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County B Boone

(b) City or town Columbia

(c) Name of hospital or institution: Willhite Convalescent Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 wks.  
(Specify whether)

In this community 4 19 wks.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

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

(d) Street No. R #2  
(If rural, give location)

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

3. (a) PRINT FULL NAME ANNA PATTON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7  
year 1941 hour 8 minute 25 P.M.

21. I hereby certify that I attended the deceased from Oct. 14, 1940 to March 7, 1941;  
that I last saw h. ex alive on Dec. 16, 1940  
and that death occurred on the date and hour stated above.

4. Sex F Color or race W

5. (a) Single, widowed, married, divorced separated

6. (b) Name of husband or wife Charles Patton

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

7. Birth date of deceased: June 24 1889  
(Month) (Day) (Year)

Immediate cause of death Unknown

Duration \_\_\_\_\_

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

51 8 19 hr. min.

Due to Carcinoma of cervix 5 yrs

Due to \_\_\_\_\_

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

Other conditions 60  
(Include pregnancy within 3 months of death)

10. Usual occupation Homework

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Norman Knoeks

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Hospital Record

(b) Address Columbia, Mo

17. (a) Burial (b) Date thereof Mar 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bushy Cr. Benton, Mo.

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director J. B. Wallcut

(b) Address Lincoln, Mo.  
137 W. 1st St.

19. (a) 3/8/41 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

23. Signature Ernest M. Bricker (M. D. or other) D

Address Ellis Finch State Cancer Hospital Date signed 3-8-41

Columbia, Mo

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**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 with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**