

FILED SEP 28 1941
Registration District No. 309

Primary Registration District No. 4185

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Albany Mo.

(c) Name of hospital or institution:

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

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

In this community 1 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 038

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

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

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Orphelia Sarah Patton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1
year 1941 hour 2 minute 30 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife J. F. Patton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 8 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-18-1939 to 8-1-1941
that I last saw her alive on 8-1-1941
and that death occurred on the date and hour stated above.

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

78 1 24 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 24 hrs.

Due to arterio-sclerosis years

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

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Brazil Hutchison

{ 13. Birthplace Unk Kentucky
(City, town, or county) (State or foreign country)

{ 14. Maiden name Catherine Ford

{ 15. Birthplace Unk Kentucky
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lloyd H. Patton

(b) Address Albany, Mo.

17. (a) Burial (b) Date thereof 8/3/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

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? _____

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) Aug. 5, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Frank H. Rose (M. D. or other) _____

Address Albany, Mo. Date signed 8-2-41

SEP 24 1911.

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

Signed

W. H. Brooks

Licensed Embalmer No.

3329

P. O. Address:

Albany 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, fact should be so stated above.