

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED OCT 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31802

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Fred Patton

3. (b) If veteran, name was no 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race W. 6. (a) ~~Single~~ married, ~~single~~ married
(b) Name of husband or wife Mrs. Nellie Patton 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased May 29 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 3 18 hr. min.

9. Birthplace no data Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business L. B. Price Mercantile Co.

12. Name J. C. Patton
13. Birthplace no data Ind.
(City, town, or county) (State or foreign country)

14. Maiden name Nora Black
15. Birthplace no data no data
(City, town, or county) (State or foreign country)

16. (a) Informant Wid. Mrs. Nellie Patton

(b) Address Webb City, Missouri

17. (a) Burial (b) Date thereof 9/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City, Missouri

19. (a) 9-8-41 (b) Ed D. James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Webb City
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 West Crow Street
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8 7
year 1941 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Sept 5 1941, to Sept 8 1941;
that I last saw him alive on Sept 5 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 24 hrs.

Due to toxaemia from peritonitis due to 24 hr
Due to ruptured appendix

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12.1.11
Of autopsy
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?

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

23. Signature Ed D. James (M. D. or other)
Address Webb City, Mo. Date signed 9-8-41

41-10-872

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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. 2859
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2859

P. O. Address W. H. City, 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.