

FILED MAR 18 1942

State File No. ....

Registration District No. 796

Primary Registration District No. 6039

Registrar's No. 39

1. PLACE OF DEATH:

(a) County... Saline  
(b) City or town... Marshall Rural Ex  
(If outside city or town limits, write "RURAL" and name of township)  
(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.  
In this community... all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Saline 97  
(c) City or town... Marshall Rural  
(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...

3. (a) PRINT FULL NAME... Rola Mae Perry Patton

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

4. Sex... Female / race... Wh / 5. Color or race...  
6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Ludlow T. Patton / 6. (c) Age of husband or wife if alive... 78 years

7. Birth date of deceased... March 3 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 11 25 hr. min.

9. Birthplace... Saline Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation... house wife

11. Industry or business... house wife

MOTHER FATHER

12. Name... Erastus B. Perry

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

14. Maiden name... Mrs. Parker

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

16. (a) Informant... A. C. La Rue

(b) Address... Marshall Mo 1741

17. (a) Burial (b) Date thereof... Mar 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Ridge Park Cem

18. (a) Signature of funeral director... Campbell-Russ  
(b) Address... Marshall Mo

19. (a) Mar 2 1942 (b) Mrs. T. Q. Weather  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Feb day... 28  
year... 1942 hour... 3 minute... 50 P. M.

21. I hereby certify that I attended the deceased from... Feb 21 - Feb 28 1942  
that I last saw him/her alive on... Feb 28 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death... Carcinoma of intestines (intestinal)

Due to... H6C

Due to... H6C

Other conditions... H6C

(Include pregnancy within 3 months of death)

Major findings: Of operations... Don't know

Of autopsy... No

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... Al Putnam (M. D. or other) O.

Address... Marshall Mo. Date signed... 3-2-42

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

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

700

1210

RECEIVED

District Health Officer No. 8,

3-12-42

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

*Joe H. Burns*

Licensed Embalmer No. *1171*

P. O. Address *Marshall, 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.