

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24568

State File No. ....

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 53

1. PLACE OF DEATH:

- (a) County Jasper  
(b) City or town Neft City  
(c) Name of hospital or institution: 1  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 yrs. (Specify whether years, months or days)  
In this community 18 yrs.

3. (a) PRINT FULL NAME

- (b) If veteran, name war Byron Patton  
(c) Social Security No. 1

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced  
(b) Name of husband or wife Widowed 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased August 26 1844  
(Month) (Day) (Year)

8. AGE: Years 97 Months 10 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name James Patton  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Mary McCormick  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant C. M. Patton  
(b) Address Neft City, Mo.

17. (a) Burial (b) Date thereof July 11 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Y. A. Cemetery, Memphis, Tenn.

18. (a) Signature of funeral director W. H. City, Mo.

(b) Address Neft City, Mo.

19. (a) July 9 1942 (b) Mrs. L. L. Laga  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jasper  
(c) City or town Neft City (If outside city or town limits, write "RURAL")  
(d) Street No. 407 N. 2nd (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 70 to July 8 1942  
and that death occurred on the date and hour stated above.  
I last saw him alive on July 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration

Due to Valvular Regurgitation

Due to 92k

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Dr. Geo. Law (M. D. or other)

Address Neft City, Mo. Date signed July 9 1942

42-7664

**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

*A. K. Mills*

Licensed Embalmer No.

347

P. O. Address

*Wetzel 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.**