

S. No. 2  
OM-5-42  
ev. 5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37010

State File No. ....

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 167

35  
2

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin

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

(d) Street No. 301 East 6th St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

35  
1942

3. (a) PRINT FULL NAME Caroline Joyce Patton

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20th  
year 1942 hour 11 o'clock minute \_\_\_\_\_ A. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased June 9th 1942  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 18 1942 to Nov 20 1942  
that I last saw her alive on Nov 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute  
three Colitis

Duration 3 day

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

5 10 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

Due to \_\_\_\_\_ ✓

Other conditions (Include pregnancy within 3 months of death) 1190

9. Birthplace Kennett Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name Paul Patton

13. Birthplace Marble Hill Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Grills

15. Birthplace Kennett Mo. 0  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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

16. (a) Informant Paul Patton

(b) Address 301 e. 6th st. Kennett Mo.

17. (a) Burial (b) Date thereof No. 20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

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 Lentz Service  
Kennett Mo.

(b) Address \_\_\_\_\_

19. (a) 11-21-42 (b) Julia Blankinship  
(Date received local registrar) (Registrar's signature)

(Specify type of place) \_\_\_\_\_

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Paul Patton 11-21-42  
Kennett Mo (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

11/21

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

701

RECEIVED

District Health Office No. 2,

District File Number 1142-1469

Date Filed 11-23-42

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

working under my personal supervision.

Registered Apprentice No.

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.