

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40286

State File No.

FILED JAN 13 1943

Registration District No. 4.2

Primary Registration District No. 1000

Registrar's No. 1238

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2146 South 22nd. Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
In this community 2 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Hattie Bell Patton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Patton
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased September 23 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 2 14 hr. min.

9. Birthplace Minburn Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Critten C. Stout
13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Meyers
15. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. O. Stroud (Daughter)
(b) Address 2146 So. 22nd. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 12-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director John Meierhoffer
(b) Address 13th. & Farnon St., St. Joseph, Mo.

19. (a) 12-9-42 (b) Rose Herzog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town Rural #1, Cosby, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th.
year 1942 hour 2 minute 00 P. A. M.

21. I hereby certify that I attended the deceased from Nov 20, 1942, to Dec 7, 1942;
that I last saw him alive on Dec 4, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer, Uterus.
Cancer, pelvis Secondary
Due to Cancer, Spine.
Duration 1 yr.
13 mos

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cancer, Uterus
Of operations Nov. 31 - 1942
Of autopsy No

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 H. S. Sams (M. D. or other)
Address St. Joseph Mo. Date signed 12-8-42

1235

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Geo E Daniel

Licensed Embalmer No..... **3300 Missouri**.....

P. O. Address..... **St. Joseph, Missouri.**.....

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.