

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 9 1943

Registration District No. 2

Primary Registration District No. 5016

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town RURAL Monroe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles Southwest Cosby, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles Southwest Cosby, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME FRANKLIN GUY PATTON

3. (b) If veteran, name war none 3. (c) Social Security No. none
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lorena Patton 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Feb. 4 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 29 hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Edward Sord Patton

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

14. Maiden name Laura E. Pulley

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

16. (a) Informant Mrs. F. H. Patton

(b) Address RFD Cosby #1

17. (a) burial (b) Date thereof 1/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Memorial Park

18. (a) Signature of funeral director St. Joseph, Mo. 4008

(b) Address St. Joseph, Mo. 4008

19. (a) 1-6-43 (b) J. H. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1943 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from JAN. 3, 1943
43 to JAN. 3, 1943
that I last saw him alive on JAN. 3, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death CEREBRAL EMBOLUS

Due to CARCINOMA OF STOMACH

Due to _____

Other conditions H6 f
(include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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 2 DO.
23. Signature W. H. Maxwell (M. D. or other)
Address COSBY, Mo. Date signed 1/4/43

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

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.....
Jan 3 1943....., Registered Apprentice No.....
working under my personal supervision.

Signed Frank A. Berman
Licensed Embalmer No. 1710
P. O. Address St Joseph M

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.