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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3141

Registration District No. 278 | Primary Registration District No. 3054 | Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Eleven days (Specify whether)
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Cyrene 1
(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 0

3. (a) PRINT FULL NAME: Alice H. Patton
3. (b) If veteran, name war X
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 James R. Patton
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Nov (Month) 23 (Day) 1857 (Year)

8. AGE: Years 90 | Months 2 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace Pike Co (City, town, or county) Mo (State or foreign country) 0
10. Usual occupation Retired
11. Industry or business Housewife
12. Name of father Azariah Humphrey
13. Birthplace ... (City, town, or county) ... (State or foreign country) 79
14. Maiden name of mother Margaret Pitzer
15. Birthplace Pike Co. (City, town, or county) Mo (State or foreign country) 1800
16. (a) Informant Mrs. Homer Chilton
(b) Address Louisiana Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery
18. (a) Signature of funeral director Virgil Benfield
(b) Address Bowling Green Mo.
19. (a) Jan 27 1943 (Date received local registrar) (b) J. F. Hadley (Registrar's signature) Dept.

1167 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1943 hour 4:00 minute a. M.
21. I hereby certify that I attended the deceased from Jan. 24 1943 to Jan. 25 1943
that I last saw h[illegible] alive on Jan. 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Congestion of Lungs	2 or 3 days
Due to Shock & confinement Le- ded following Fracture of	
Due to Old age	
Other conditions (Include pregnancy within 3 months of death) Old age No	
Major findings: Of operations	
Of autopsy	

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) Accident 082
(b) Date of occurrence Jan. 14 1943.
(c) Where did injury occur? Cyrene (City or town) Pike (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work (e) Means of injury
23. Signature Clark P. Llewellyn (M. D. or other)
Address Louisiana Mo. Date signed 1-25-43

RECEIVED
District Health Officer No. 10
District File Number 2-43-191
Date Filed FEB 9 1943

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 Chester G Rood
Licensed Embalmer No. 3044
P. O. Address Bowling Green

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.