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11195

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 9 1944**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 107 Collins ave 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether)

In this community entire life  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 107 Collins  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME SPARREL ELMER PATRICK

3. (b) If veteran, name war none

3. (c) Social Security No. 486-12-6560

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26<sup>th</sup>  
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from now 19... to now 19...;

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Temp Patrick 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan-16-1880  
(Month) (Day) (Year)

that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Natural  
Undetermined

Due to Schely Coronary Thrombosis

Due to Died instantly while eating breakfast

Other conditions (Include pregnancy within 9 months of death)

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

63 2 10 hr. min.

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

10. Usual occupation Labor

Major findings: Coronary cone

Of operations

Of autopsy 9/4/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Robert Patrick

13. Birthplace Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Patrick

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

16. (a) Informant A. C. Patrick

(b) Address 1004 Bucknannan St. Moberly

17. (a) Burial (Burial, cremation, or removal) (b) Date there Mar 28 - 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly Mo.

19. (a) 3/28/43 (Date received local registrar) (b) Ernie Hall (Registrar's signature)

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?  
(Specify type of place)

While at work? Yes (e) Means of injury? Coroner

23. Signature H. C. Gifford (M. D. or other) Coroner

Address Moberly Mo. Date signed 3/29/43

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

88  
506

H. C.

RECEIVED

District Health Officer No. 10

District File Number 4-43-668

Date Filed APR 8 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 R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.