

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13852**

FILED MAY 5 1943
43

Registration District No. **5143**

Primary Registration District No. **5143**

Registrar's No. **114**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Rural**
(c) Name of hospital or institution **Rt. # 3 Poplar Bluff, Mo.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME **Jacob Franklin Patton**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mattie Patton** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **December 27 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **3** Days **10** If less than one day hr. min.

9. Birthplace **Hardin County Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer (retired)**

11. Industry or business

12. Name **Jim Patton**

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

14. Maiden name **Mary Rice**

15. Birthplace **Hardin County Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Della Kirkman**

(b) Address **Rt. # 3 Poplar Bluff, Mo.**

17. (a) **Burial** (b) Date thereof **April 9, '43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hobbs Chapel Stoddard Co.**

18. (a) Signature of funeral director **Greer Croy Funeral Serv.**

(b) Address **442 Vine St. Poplar Bluff, Mo.**

19. (a) **4-19-43** (b) **Butler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Butler**
(c) City or town **Rt. # 3 Poplar Bluff**
(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 **April** day **7** year **1943** hour **4** minute **30** P. M.

21. I hereby certify that I attended the deceased from

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

Immediate cause of death

Thrombosis of Coronary arteries

Due to

Due to

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

Major findings: Of operations

Of autopsy **none - information from history.**

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 **Deputy Coroner** Address **442 Vine St. Poplar Bluff** Date signed

RECEIVED
District Health Office No. 2,
District File Number 543-580
Date Filed 5-4-43

STATEMENT BY LICENSED EMBALMER

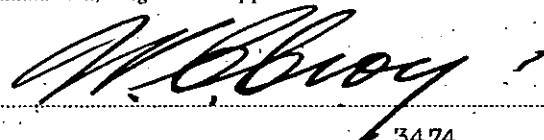
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

L.V. Adamson

Registered Apprentice No. 349

working under my personal supervision.

Signed.....



Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.