

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1943

Registration District No. 135

Primary Registration District No. 5579

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Alba
(c) Name of hospital or institution: Alba Memorial Home
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Alba
(d) Street No. None
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd year 1943 hour 5:45 minute a. M.

21. I hereby certify that I attended the deceased from 1939 to 5-3-43 that I last saw him alive on 5-2-43 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
(b) Name of husband or wife: Mary J. Patryck 6. (c) Age of husband or wife if alive: 62 years
7. Birth date of deceased: Dec 27 1875

Immediate cause of death: Asphyxia

8. AGE: Years 67 Months 4 Days 6 If less than one day hr. min.

Due to Pulmonary hemorrhage
Due to Bilateral Tuberculosis

9. Birthplace: Diamond Missouri

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

10. Usual occupation: Retired

11. Industry or business: Bridge Builder

12. Name: William Patrick

13. Birthplace: Missouri

14. Maiden name: Beal Shuren

15. Birthplace: Dec 1

16. (a) Informant: Mary J. Patryck

(b) Address: Alba, Mo

17. (a) Burial (b) Date there: May 6, 1943

(c) Place: burial or cremation: Purcell Cemetery

18. (a) Signature of funeral director: Matt City

(b) Address: Matt City, Mo

19. (a) May 6, 1943 (b) Mrs. Lillie Eagle

Major findings: Of operations: 138
Of autopsy:

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Robert Berry (M. D. or other)
Address: Alba, Mo Date signed: May 6, 1943

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

MOTHER FATHER

42-6-452

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 myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Rayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address West City, 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.