

JUL 15 1943

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Wallace memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 days  
(Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME GARY EARNEST PATTON

3. (b) If veteran, name war ✓ 3. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 20 1943  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 1 16 hr. min.

9. Birthplace Phillipsburg mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant Child

11. Industry or business \_\_\_\_\_

12. Name Earnest Patton

13. Birthplace Phillipsburg mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name Therese Mader

15. Birthplace Phillipsburg mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Earnest Patton

(b) Address Phillipsburg mo.

17. (a) Burial (b) Date thereof May 6 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lonesome Hill

18. (a) Signature of funeral director No. Funeral Director

(b) Address ✓

19. (a) 7-5-43 (b) Grace Roper  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53  
(c) City or town Phillipsburg Rural 5  
(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

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6  
year 1943 hour 30 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-19 1943 to 5-5-6 1943  
that I last saw him alive on 5-5- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular Pneumonia  
Duration

Due to 7. M. O.

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 101

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) \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature W. H. Lindsey (M. D. or other) MD  
Address Courway Date signed 5-14-43

Received JUL 6 1943

Laclede County Health Unit

File No. 6-43-92

Date Filed JUL 9 1943

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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.....

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

Signed

Dorsey M. Howe

Licensed Embalmer No.

4222

P. O. Address

Lebanon 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.**