

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26304

AUG 4 1943
Registration District No. 6142

Primary Registration District No. 59

State File No.

Registrar's No.

1. PLACE OF DEATH:

- (a) County Shelby
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution RFD #1 Clarence MO
(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 Two years
years, months or days)

3. (a) PRINT
FULL NAMEHENRY G. PATTON3. (b) If veteran,
name warnone3. (c) Social Security
No.none

4. Sex Male
5. Color or face white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Bessie Patton
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Feb. - 5 - 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 2
If less than one day hr. min.

9. Birthplace Shelby Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

- MOTHER FATHER
12. Name Van Patton
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Jane Fifer
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Dave Patton
(b) Address RFD #1 Clarence MO
17. (a) Burial (b) Date thereof June 10 - 43
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Ridings Cemetery

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

- (b) Address Shelbyville MO

19. (a) June 7 43 (b) Wedgwood
(Dated and local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Shelby
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #1 Clarence MO
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 th
year 1943 hour 11 minute 20 A.M.

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

- that I last saw him alive on —, 19—;
and that death occurred on the date and hour stated above.

- Immediate cause of death Duration

- by shooting himself in the back

- Due to trough with a 22 gauge rifle

- Due to (Verdict 7 Jury)

- Other conditions 164
(Include pregnancy within 3 months of death)

- Major findings:
Of operations 164

- Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) suicide

- (b) Date of occurrence June 7 - 1943

- (c) Where did injury occur RFD #1 Clarence Shelby MO
(City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm home
(Specify type of place)

- While at work? (a) Means of injury gun

23. Signature E. P. Thompson (M.D. or other) 3

- Address Shelbyville, Mo. Date signed June 7 - 1943

RECEIVED

District Health Officer No. 10

District File Number 843-1194

Date Filed

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 *Mothersly 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.