

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31103

Do not use this space.

SEP 16 1943

1. PLACE OF DEATH

(a) County Barry Registration District No. 11
(b) Township Liberty Primary Registration District No. 5042
(c) City Center or Barry (d) Street No. St.
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. George Noah Patton St. Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE OW 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1876
7. AGE YEARS 72 MONTHS 2 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wheaton
(STATE OR COUNTRY) Missouri

13. NAME John H. Patton
14. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Charlotte Lombard
16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY) Mo.

17. INFORMANT L. D. Patton
(ADDRESS) Center Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rocky Comfort DATE 2/3/43

19. FUNERAL DIRECTOR (NAME) Logan Funeral Home
(ADDRESS) Wheaton Mo.

20. FILED Aug 4 1943 Grace Williams
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1943

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19—.

I last saw him alive on —, 19—. Death is said to have occurred on the date stated above, at — m.
The principal cause of death and related causes of importance were as follows:

I did not treat this man. He was dead on my arrival. But evidently he died from a heart attack.
Date of onset 2000

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19—.
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —
(Signed) O. S. McCall, M. D.
(Address) Wheaton Mo.

RECEIVED

District Health Officer No. 6,

District File Number 943-1168

Date Filed 9-14-43

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.....

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

Signed Wm. Morris Bone

Licensed Embalmer No. 2442

P. O. Address Winston, 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, above space should be left blank.