

FILED APR 2 1944

Primary Registration District No. 50565075

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Golden City Rural, Holden City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 60 yrs 10 mo 28 da
 years, months or days)

3. (a) PRINT FULL NAME JESSE A. PATTISON

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 Ruth E. Pattison 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased April 19 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 10 28 hr. min.

9. Birthplace Golden City Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Samuel Pattison
 13. Birthplace Washington Iowa
 (City, town, or county) (State or foreign country)
 14. Maiden name Susan Ann Herrick
 15. Birthplace Mount Station Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. M. Craven
 (b) Address Golden City Mo.

17. (a) Burial (b) Date thereof Mar 18-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Carmel Cem. Barton

18. (a) Signature of funeral director Phillips Funeral Home
 (b) Address Golden City Mo.

19. (a) March 18, 1944 (b) Oliver Witterlund
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Golden City Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
 year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Mar 15
 _____, 1944 to Mar 11, 1944
 that I last saw him alive on Mar 11, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Due to Arteriosclerosis
 Due to Hypertension

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

Major findings: Of operations _____

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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
 While at work? _____ Means of injury _____

23. Signature Rudolf Kepp (M. D. or other) _____
 Address Golden City, Mo. Date signed 3/17/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number 444-402

Date Filed APR 3 1944

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 W. H. Hugh

Licensed Embalmer No. 3278

P. O. Address Golden 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.