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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1944
Registration District No. **128**

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. **2000**

State File No. **11019**
Registrar's No. **251**

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

1. PLACE OF DEATH:
(a) County **GREENE**
(b) City or town **Springfield**
(c) Name of hospital or institution: **1424 WASHINGTON. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

3. (a) PRINT FULL NAME **HARRY EWING PATTON.**
3. (b) If veteran: name war **NONE**
3. (c) Social Security No. **NONE**

4. Sex **MALE** **5. Color or race** **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **EMMA PATTON**
6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased **JAN. 14 1862**
(Month) (Day) (Year)

8. AGE: Years **82** Months **2** Days **✓**
If less than one day _____ hr. _____ min.

9. Birthplace **RYMERSBURG PA. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Real Estate & Insurance**

MOTHER FATHER
12. Name **John Henry Patton**
13. Birthplace **Unk. Pa. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Jane Lawson**
15. Birthplace **Unk. Pa. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Emma Patton**
(b) Address **Springfield, Mo.**

17. (a) Burial **(b) Date thereof** **3-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hazlewood Cem.**

18. (a) Signature of funeral director **J. W. Kingner & Co.**
(b) Address **Springfield, Mo.**

19. (a) 3-17-44 **(b) R. W. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Greene 39**
(c) City or town **Springfield 2**
(If outside city or town limits, write "RURAL")
(d) Street No. **1424 Washington 6**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16th**
year **1944** hour **3** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **May 5 1940 to March 14 1944**
that I last saw him alive on **March 13 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Uraemia**
Ch. nephritis &
Ch. pyocociditis
Due to **Seizure 1318**
Other conditions **Portalectomy 1940**
(Include pregnancy within 3 months of death)
Major findings: **Benzyl Hypertrophy**
Of autopsy **no**

Duration
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? _____

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

23. Signature **W. H. Russell** (M. D. or other) **3-16-44**
Address **Springfield, Mo.** **Date signed** **3-16-44**

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

Ogle Stone Jr.

Licensed Embalmer No.

4176

P. O. Address

Springfield

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.

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