

FILED JAN 11 1945

Registration District No. 1

Primary Registration District No. 5000

Registrar's No. 336

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirkville - mo. Rural
(c) Name of hospital or institution Benton Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 70 yrs
In this community 70 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Kirkville Rural
(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 _____

3. (a) PRINT FULL NAME ROBERT E. PATTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Anna Patton 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Mar 30 1944
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Constance Patton
13. Birthplace see!
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Brite
15. Birthplace see!
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Patton

(b) Address Kirkville Mo.

17. (a) Burial (b) Date thereof Dec 20 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brush Creek

18. (a) Signature of funeral director Fred P. Early
(b) Address Brush Creek Mo.
19. (a) 12-29-44 (b) Mrs. J. W. Waynes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18
year 1944 hour 10 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 6 1944 to Dec 27 1944
that I last saw h. alive on Dec 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death probable
old coronary arteriosclerosis
(atherosclerosis)

Due to _____

Due to 468

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Atkinson (Date of death) _____
Address Kirkville Mo Date signed 12-29-44

Duration

6 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 1-45-79

Date Filed JAN-9-1945

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 Foster T. Easley

Licensed Embalmer No. 1146

P. O. Address Brainerd, 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.