

FILED JAN 18 1945

Registration District No. 188Primary Registration District No. 4165Registrar's No. 116

1. PLACE OF DEATH:

(a) County Daviess
 (b) City or town Gallatin
 (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 Most of Life
 years, months or days)

8. (a) PRINT FULL NAME Mollie Elizabeth Patton

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Patton 6. (c) Age of husband or wife if alive Dec' 9 years

7. Birth date of deceased April 29 1877
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 15 hr. min.

9. Birthplace Wayne County Kentucky
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Robert Parmley
 13. Birthplace Wayne County Kentucky
 (City, town, or county) (State or foreign country)

14. Maiden name Jane Sloan
 15. Birthplace Wayne County Kentucky
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Wilbur Gordon(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 12-17-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Creekmore Cemetery18. (a) Signature of funeral director Hope Funeral Home(b) Address Gallatin, Mo.

19. (a) 12-16-1944 (b) L. O. Fickerson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess
 (c) City or town Gallatin
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14
 year 1944 hour 8 Minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan - 1940
 to Dec. 14 1944
 that I last saw her alive on Dec. 13 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration
Diabetes Mellitus, Hypertension
Cardio Vascular Disease

Due to _____

Due to _____

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

Major findings:
 Of operations _____

Of autopsy _____

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 M. B. Barber, M.D. (M.D. or other) _____Address Gallatin, Mo. Date signed 12-16-44

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

L. A. Johnson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, 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.