

S. No. 2  
M-8-43  
5-17-39  
I X37823

FILED JAN 2 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 4193

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Hermann  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
203 East First St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 74 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade  
(c) City or town Hermann  
(If outside city or town limits, write "RURAL")  
(d) Street No. 203 East First St  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GEORGE PATRICK

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Katy Patrick 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 5 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 9 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Unkown  
13. Birthplace Unkown (City, town, or county) (State or foreign country)  
14. Maiden name Unkown  
15. Birthplace Unkown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geo. Patrick  
(b) Address Hermann, Mo

17. (a) Burial (b) Date thereof 12-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer  
(b) Address Hermann, Mo

19. (a) Dec. 29/44 (b) A. H. Ludlow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 26  
year 1944 hour ten minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1944 to Dec. 26, 1944  
that I last saw him alive on Dec. 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death chronis interstitial nephritis Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Aortis insufficiency ?  
(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 W. A. G. D. O. (M. D. or other)  
Address Hermann, Mo. Date signed 12/29/44

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-2-45

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.....

Licensed Embalmer No. 3160

P. O. Address Hermann, 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.