

FILED FEB 16 1945

State File No.

Registration District No.

Primary Registration District No. 4159

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town Pattonburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 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 entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess  
(c) City or town Pattonburg 31  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 2  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Rhobe E. England

3. (b) If veteran, name war \_\_\_\_\_

3. (f) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Leroy England 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov 17 - 1858  
(Month) (Day) (Year)

8. AGE: Years 86 Months 2 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Housekeeper

12. Name James Scofield

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Patton Scofield  
(City, town, or county) (State or foreign country)

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

16. (a) Informant J. L. Grimes

(b) Address Pattonburg Mo

17. (a) Burial (b) Date there 1-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial chapel

18. (a) Signature of funeral director J. L. Grimes

(b) Address Pattonburg Mo

19. (a) 1-24-45 (b) J. L. Grimes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 -  
year 1945 hour 12 minute midnight

21. I hereby certify that I attended the deceased from May 21 1944 to Jan 21 1945.  
that I last saw h. alive on Jan 21 1945.  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Circulatory Failure  
Due to all Rivers Stroke  
of Pulvis.  
Due to \_\_\_\_\_

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 C

23. Signature John Z. ... (M. D. or other) \_\_\_\_\_  
Address Pattonburg Mo Date signed Jan 21 45

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

1  
2  
0

**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. 2857

P. O. Address Pattersonburg 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.**