

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10424

State File No.

36

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Nellie McFarland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 2 mo - 1 da.
years, months or days)

3. (a) PRINT FULL NAME

Barbara May Patton

3. (b) If veteran,
name war.

3. (c) Social Security
No.

4. Sex F Color or race W

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased Jan 16 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
— 2 1 hr. min.

9. Birthplace St. Louis, MO
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Andy Patton

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

14. Maiden name Nash

15. Birthplace Shannon Co., MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Andy Patton

(b) Address Rolla, MO

17. (a) Burial (b) Date thereof 3-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riley Cemetery

18. (a) Signature of funeral director W. D. Smith

(b) Address Rolla, MO

19. (a) 3-19-45 (b) W. D. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. Spencer Ave.
(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 17
year 1945 hour 5 minute 34 P.M.

21. I hereby certify that I attended the deceased from
March 16, 1945, to March 17, 1945
that I last saw her alive on March 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal infection Duration

Due to Impure home hygiene and feeding.

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) Means of injury

23. Signature W. D. Smith (M. D. or other)
Address Rolla, Mo. Date signed 3/19/45

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

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. 3643

P. O. Address. Cuba, 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.