

FILED APR 17 1945
Registration District No. 338

Primary Registration District No. 6148

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Bloomfield, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cassidy's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: DONALD RAY 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 Infant
6. (b) Name of husband or wife. --- 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased Dec. 4, 1944
(Month) (Day) (Year)

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

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

10. Usual occupation ---

11. Industry or business ---

12. Name Paul C. Patton

13. Birthplace Marble Hill, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Freda Schlosser

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

16. (a) Informant Paul C. Patton

(b) Address Bloomfield, Mo. R # 2.

17. (a) Burial (b) Date thereof Mar. 8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove cem.

18. (a) Signature of funeral director Chiles Ugd. Co.

(b) Address Bloomfield, Mo.

19. (a) 3-13-1945 (b) Paul E. Luoma
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard
(c) City or town Bloomfield Rural
(If outside city or town limits, write "RURAL")
(d) Street No. --- (If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country. ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6th
year 1945 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from MAR. 3 1945 to MAR. 6 1945
that I last saw him alive on MAR. 6 1945
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHIAL PNEUMONIA Duration 2 DAYS

Due to CORYZA (ACUTE)

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) Means of injury ---

23. Signature --- (M. D. or other) ---

Address Bloomfield, Mo. Date signed 3-12-45

RECEIVED

District Health Office No. 2

District File Number 445-538

Date Filed 4/10/45

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..... No Embalming.....

Licensed Embalmer No.....

P. O. Address.....

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.