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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 5 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19918

Registration District No. 42 — Primary Registration District No. 1820 — Registrar's No. 699

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Leon Nursing Home 624 Prospect Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks 4
(Specify whether
In this community 70 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 601 So. 11th. St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth G. Patton

3. (b) If veteran, name war None

3. (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 Judge Bernard

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

7. Birth date of deceased March (Month) 9 (Day) 1865 (Year)

8. AGE: Years 80 | Months 3 | Days 8 | If less than one day hr. min.

9. Birthplace Hartford (City, town, or county) Conn. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER

12. Name James Gunn

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

14. Maiden name Ellen Stephenson

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

16. (a) Informant Daniel Patton

(b) Address 1029 No. Noyes Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 19 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Herman W. Eden Eden

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) June 19 1945 (Date received local registrar) (b) Helen J. Eckle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1945 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 1, 1945 to June 17, 1945
that I last saw h[illegible] alive on June 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Haemorrhage (apoplexy)	6 days
Due to Arteriosclerosis	
Due to Senile Dementia	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M.D. (M. D. or other)
Address St. Joseph Mo. Date signed June 18/45

1377 (Licensed Embalmer's Statement on Reverse Side)

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address St Joseph

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.