No. 2
-8-43
17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20306

Registration District No. 120 Primary Registration District No. 5450 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town (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 years, months or days) In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry

(c) City or town (If outside city or town limits, write "RURAL") C

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Isaac Gentry Patton

3. (b) If veteran, name war —

3. (c) Social Security No. —

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

6. (b) Name of husband or wife Nancy Quigley

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 17 1872 (Month) (Day) (Year)

8. AGE: Years 72 | Months 6 | Days 14 | If less than one day hr. min.

9. Birthplace Gentry Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John R Patton

13. Birthplace Monroe Co (City, town, or county) Tenn (State or foreign country)

14. Maiden name Mary M Gentry

15. Birthplace Ray County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs S J Patton

(b) Address Albany Mo R.F.D.

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

(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Gentry Burial Assn

(b) Address Albany Mo

19. (a) July 6-1945 (Date received local registrar) (b) Homer W Mahler (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 1 year 1945 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec 22 44 July 1 1945 to July 1 1945 that I last saw him alive on July 1 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sangrene left leg & foot	2 wk
Due to: Thrombosis femoral artery	2 wk
Due to: Arterial hypertension	15 yrs
Other conditions: left hemiplegia (Include pregnancy within 3 months of death)	6 yrs

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 Frank H Rose (M. D. or other) M.D.

Address Albany, Mo Date signed 7-5-45

1108 (Licensed Embalmer's Statement on Reverse Side)

SEP 4 1953

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 me, Registered Apprentice No. _____ working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany Ind

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.

No. 2B
M—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. July 621

Registration District No. 120 Primary Registration District No. 5450 Registrar's No.

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany Rural "Mother Twp" (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Gentry
(c) City or town Albany R.R. Mother Twp. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Isaac G. 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 M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased Dec 17 (Month) (Day) (Year)
8. AGE: Years 72 Months 6 Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) July 16-1945 (Date received local registrar) (b) Homer N. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1945 hour 9 A minute M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-20306