S. No. ...
M—8-43
5-17-39
I X37823

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

24789

State File No. ...

FILED JUL 16 1945

Registration District No. 296 Primary Registration District No. 4443 Registrar's No. 23

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ... (Specify whether
In this community Don't know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town Huntsville 1
(If outside city or town limits, write "RURAL")

(d) Street No. ... 0
(If rural, give location)

(e) Citizen of foreign country? ... (Yes or No) 0

If yes, name country ...

3. (a) PRINT FULL NAME Charles Patterson

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

3. (c) Social Security No. ...

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 9

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

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

7. Birth date of deceased Don't know
(Month) (Day) (Year)

8. AGE: Years Don't know | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

10. Usual occupation ...

11. Industry or business ...

FATHER
12. Name Don't know
13. Birthplace ... 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't know
15. Birthplace ... 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charlie Cavanaugh
(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 6/15/1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

18. (a) Signature of funeral director Tom B Patton
(b) Address Huntsville, Mo

19. (a) 6-30-1945 (b) Mrs D. A. Barnhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1945 hour ... minute ... M.

21. I hereby certify that I attended the deceased from June 10, 1945, to June 11, 1945; that I last saw him alive on June 11, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 Hour
Due to arteriosclerosis	
Due to ...	
Other conditions Hypertension (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 R. V. Dreyer (M. D. or other) MD

Address Huntsville Mo Date signed 6/30/45

1401 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-45-112-2
Date Filed JUL 13 1945

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville Ala

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.

S. No. 2B
5M—3-45
1 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. Aug

Registration District No. 295 Primary Registration District No. 4443 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville
(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 (b) County
(c) City or town (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 Charles Patterson
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 —
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 88 Months 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) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 3 year 1945 hour 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.
Immediate cause of death — Duration
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. 24789