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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 13 1945

Registration District No. 5

Primary Registration District No. 5030

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Aitchison

(b) City or town Tarkio-rural *Is. for*

(c) Name of hospital or institution: --- *day*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Aitchison Mo. (b) County Aitchison 3

(c) City or town Tarkio-rural 0

(If outside city or town limits, write "RURAL") 0

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

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

If yes, name country _____

3. (a) PRINT FULL NAME JAMES SANFORD PATTON

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 single 0

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

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

7. Birth date of deceased September 13, 1929

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>10</u>	<u>10</u>	hr. _____ min.

9. Birthplace Ava Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation farm laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Herman Patton

13. Birthplace Payette Arkansas

(City, town, or county) (State or foreign country)

14. Maiden name Ruby Stone

15. Birthplace Ava Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Stone

(b) Address Tarkio, Mo. route #1

17. (a) burial (b) Date thereof 7/26/45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio, Mo.

19. (a) July 24 1945 (b) Mrs. H. W. Cunningham

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd

year 1945 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;

that I last saw him IM alive on _____ 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death DROWNING

BY ACCIDENT

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) ACCIDENT 3

(b) Date of occurrence JULY - 23 - 45

(c) Where did injury occur? TRAILER AITCHISON MO

(City, town, or county) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? STOCKPOND ON FARM

(Specify type of place)

While at work? _____ (e) Means of injury 3

23. Signature Thos F Fay MD Coroner

Address Witchard MO Date signed 7-24-45

1529

(Licensed Embalmer's Statement on Reverse Side)

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.....
J. M. Davis
Licensed Embalmer No. 2394
P. O. Address..... **Tarkio, 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.