S. No. 2
DM—2-43
v. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40504

State File No.

FILED JAN 12 1946

Registration District No. 318 Primary Registration District No. 3006 Registrar's No. 325

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No 259 Sanford
(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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 259 Sanford 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Felix Jesse Patton
3. (b) If veteran, name war No
3. (c) Social Security No. X

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Amanda Patton
6. (c) Age of husband or wife if alive ___ years
7. Birth date of deceased July 13 1868 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 13 If less than one day ___ hr. ___ min.

9. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Repair and Saws
11. Industry or business

FATHER
12. Name George Patton
13. Birthplace (City, town, or county) DK (State or foreign country) 9

MOTHER
14. Maiden name Martha Nichols
15. Birthplace Boone Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Miss Patton
(b) Address Columbia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 17 45 (Month) (Day) (Year)
(c) Place: burial or cremation Salem
18. (a) Signature of funeral director R. O. Wren
(b) Address Columbia Mo
19. (a) 12-7-45 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th year 1945 hour 12:45 minute A M.

21. I hereby certify that I attended the deceased from Dec 15, 1945, to Dec 15, 1945
that I last saw him alive on Dec 15 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	5 hrs
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy none	

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 A W Kampschmidt (M. D. or other)
Address Columbia Mo Date signed 12-17-45

1425 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1-11-46

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 R. Worrell

Licensed Embalmer No. 3185

P. O. Address Columbia 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.