

FILED FEB 15 1946 STANDARD CERTIFICATE OF DEATH

State File No.

2907

Registration District No. 129

Primary Registration District No. 424

Registrar's No.

38

1. PLACE OF DEATH:

(a) County Holt
(b) City or town Mound City
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

David Webster 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 Mary Ida Patton.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased January 16 1900
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

79

II

16

hr. min.

9. Birthplace Wiland County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

12. Name Thomas S. Patton.

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

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Mary I. Patton

(b) Address Mound City, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 1/4/46
(Month) (Day) (Year)

(c) Place: burial or cremation Mound City, Mo.

18. (a) Signature of funeral director W. B. B. B.

(b) Address Mound City, Mo.

19. (a) 1-3-46
(Date received local registrar)

(b) J. C. B.
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Holt
(c) City or town Mound City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1946 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from July 20, 1945, to Jan 2, 1946, that I last saw him alive on July 20 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocardial infarction
coronary

Duration

9 min
4 day

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 J. C. B. (M. D. or other) 1-2-46
Address Mound City, Mo Date signed _____

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

Licensed Embalmer No. *1824*

P. O. Address *Mound City, 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, above space should be left blank.