

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1610 South 27th. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether years, months or days) 25 years

3. (a) PRINT FULL NAME

Alice Nancy Patton

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Samuel E. Patton 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 6 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Kimberlin

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

14. Maiden name Mary Miller

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

16. (a) Informant Bess F Patton
(b) Address 1610 So. 27th., St. Joseph, Mo.

17. (a) Burial (b) Date thereof 2/4/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri

19. (a) Feb 3, 1946 (b) J. G. Neethelush
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1610 South 27th. Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month February day 1st.
year 1946 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec 28 to Feb 1st 1946
that I last saw her alive on Feb 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy
Due to Age & hypertension

Other conditions Cerebral hemorrhage 12/24/45
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 830

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?

While at work (Specify type of place) Means of injury
23. Signature Leroy Beck (M. D. or other)
Address King Hill, Mo. Date signed 2/3/46

34 (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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

3696

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.....

Albert P. Harrington

Licensed Embalmer No 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.