

**FILED** MAR 28 1946 **STANDARD CERTIFICATE OF DEATH**

*Kniebert*  
State File No. 8670  
Registrar's No. 96

Registration District No. 43 Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
834 Maude Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years  
years, months or days

3. (a) PRINT FULL NAME MARY ELLEN PATTON

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

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

6. (b) Name of husband or wife James B. Patton 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased August 13th, 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	6	15	hr. min.

9. Birthplace Bollinger Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name Marion Hedrick

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

14. Maiden name JULIA A. SHANKS  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Chas McKnight  
(b) Address Poplar Bluff, Missouri

17. (a) Burial (b) Date thereof 3/11/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Cotrell Chapel

(b) Address Poplar Bluff, Missouri

19. (a) 3-16-46 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler  
(c) City or town Poplar Bluff  
(If outside city or town limits, write "RURAL")  
(d) Street No. 834 Maude 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 March day 8th  
year 1946 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Feb. 12 to March 8, 1946  
that I last saw her alive on March 8, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
Chronic Cardiac Disease 1 yr.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) N

Major findings: Of operations AS  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
3. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Poplar Bluff, Mo Date signed 3/12/46

RECEIVED

District Health Office No. 2,

District File Number 346-409

Date Filed 3-26-46

APR 1 1946

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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 Howard G. Rodgers

Licensed Embalmer No. 4386

P. O. Address Poplar Bluff

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.