. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22511

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 68

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Rural Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #32
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yr 4 mo 27 days (Specify whether
In this community 2 yr 4 mo 27 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton 108
(c) City or town Warsaw 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME CHARLES 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 Wed 2
6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 20 (Day) 1881 (Year)

8. AGE: Years 64 Months 7 Days 12 If less than one day hr. min. 0

9. Birthplace Mo (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Alfred Patton
13. Birthplace Ind (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name Lucy
15. Birthplace Ind (City, town, or county) (State or foreign country) 1
16. (a) Informant Hospital records
(b) Address Nevada - Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 4th (Day) 46 (Year)
(c) Place: burial or cremation Hospital Cemetery
18. (a) Signature of funeral director Eschinger Fun. Home
(b) Address Nevada Mo
19. (a) 6-4-46 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1946 hour 12 minute 15 p M.
21. I hereby certify that I attended the deceased from 2-13, 1946 to 6-2-1946
that I last saw him alive on June 1, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia Lobar	
Due to	
Due to 108	
Other conditions Pericarditis adherent (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy as above mentioned	

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? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature R G Hall MD (M. D. or other)
Address Nevada Mo Date signed 6/3-46

331

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 5-46-369
Date Filed 6-6-46

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ not embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Mark Eechinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.