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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24532**

Registration District No. ~~267~~ **267** Primary Registration District No. **3049** Registrar's No. **42**

1. PLACE OF DEATH:
(a) County **Pemiscot**
(b) City or town **Hayti**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
503 S. 4th, St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **43 Years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pemiscot** **78**
(c) City or town **Hayti** **2**
(If outside city or town limits, write "RURAL")
(d) Street No. **503 S. 4th, St.** **1**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **John Binkley Patrick**
3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Nettie Patrick** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **March 10, 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **15** If less than one day hr. min.

9. Birthplace **Union, Co., Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

MOTHER FATHER
12. Name **Joseph Patrick**
13. Birthplace **Union, Co., Ky.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Nettie Patrick**
(b) Address **Hayti, Mo.**

17. (a) **Burial** (b) Date thereof **7/28/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **H. S. Smith Funeral Home**
(b) Address **Caruthersville, Mo.**

19. (a) **8-4-46** (b) **Lucille Kelley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **23** year **46** hour minute M.

21. I hereby certify that I attended the deceased from **7-24-** 19**46** to **7-25-** 19**46**
that I last saw him alive on **7-24-** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Arteriosclerosis, Hypertension and Chronic Myocarditis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **93A**

Duration

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

23. Signature **H. S. Smith M.D.** (M. D. or other)
Address Date signed

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

8
2
1

24532

365

8-46-1977

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

James A. Osburn

Licensed Embalmer No.

4185

P. O. Address

Caruthersville, 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.