

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1946
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 32

Registration District No. 323 Primary Registration District No. 3074

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Shelton
(c) Name of hospital or institution: 204 Daniels St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 1/2 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott ¹⁰⁰
(c) City or town Shelton ⁵
(If outside city or town limits, write "RURAL") ²
(d) Street No. 204 Daniels St ⁰
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Samuel David Patnor
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 5
year 1946 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 12
1945 to Jan 5 1946
that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife 7 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: April 1 1860
(Month) (Day) (Year)

Immediate cause of death Senility
Senility
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 85 Months 9 Days 5 If less than one day _____ hr. _____ min.
9. Birthplace Ludlow Ky. (City, town, or county) (State or foreign country)
10. Usual occupation Contractor

PHYSICIAN
Underline the cause to which death should be charged statistically.
16

MOTHER FATHER
11. Industry or business Low
12. Name Johnathan David Patnor
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Jane Mason
15. Birthplace unknown (City, town, or county) (State or foreign country)

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 Thos. C. McEvedy (M. D. or other) _____
Address Shelton Mo Date signed 1-6-46

16. (a) Informant James L. Patnor
(b) Address Shelton Mo
17. (a) Removal (b) Date thereof 1-6-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cynthiana Mo
18. (a) Signature of funeral director T. J. Foye
(b) Address Cynthiana Mo
19. (a) 6-11-46 (b) Mrs. T. G. Henry
(Date received local registrar) (Registrar's signature)

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

RECEIVED
District Health Office No. 2,
District File Number 746-865
Date Filed 7-18-46

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 Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Caruthersville

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.