

No. 2  
-12-45  
5-17-39  
I X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5221

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2519 Connor  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community since 1929  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin  
(If outside city or town limits, write "RURAL")

(d) Street No. 2519 Connor  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Milton Patrick

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy W.

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased May 10 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>9</u>	<u>7</u>	hr. min.

9. Birthplace Bedford Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation retired stationary engineer

11. Industry or business \_\_\_\_\_

12. Name Robert Hall Patrick

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

14. Maiden name Adeline Underwood  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Robert M. Patrick

(b) Address 2519 Connor

17. (a) Place: burial Oakwood Cem, Parsons, Kns  
(Burial, cremation, or removal)

(b) Date thereof Feb 19-47  
(Month) (Day) (Year)

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Mo.

19. (a) 2-18-47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17  
year 1947 hour 2 minute 8 M.

21. I hereby certify that I attended the deceased from April 15 to Feb 17, 1947  
and that death occurred on the date and hour stated above.

that I last saw him alive on Feb 16, 1947

Immediate cause of death:  
Cardio Vasc. Local Disease  
Cerebral Thrombosis

Duration  
3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions General Scurvutosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 131A

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)

(c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 628 1/2 W. Main St Date signed 2-17-47

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

19  
2

49  
51  
0

removal & burial

138

(Licensed Embalmer's Statement on Reverse Side)

[Signature]

47-2-154

---

---

**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.....

*David Hillen*

Licensed Embalmer No. 3898

P. O. Address.....

*Joplin, 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.**