S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5758

State File No.

Registration District No. 28

Primary Registration District No. 6-96-9

Registrar's No. 62

1. PLACE OF DEATH:

(a) County: Platte Co.

(b) City or town: Near Platte City Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Platte 83

(c) City or town: Near Platte City Mo. 0
(If outside city or town limits, write "RURAL")

(d) ~~Street No.~~ Rural 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: M.M. Patton

3. (b) If veteran, name war

3. (c) Social Security No. No.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased: Dec. (Month) 23 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
87	2	15	hr. min.

9. Birthplace: Atlanta (City, town, or county) Ga. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: Robert S. Patton
13. Birthplace: Ga. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Jane Bowen
15. Birthplace: Ga. (City, town, or county) (State or foreign country)

16. (a) Informant: Johnie Renz

(b) Address: Platte City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 11 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Platte City Cem.

18. (a) Signature of funeral director: Rollins Mitchell

(b) Address: Platte City Missouri

19. (a) Feb 21-47 (Date received local registrar) (b) Mrs Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8th year 1947 hour 6 p.m. minute 30 M.

21. I hereby certify that I attended the deceased from Nov. 25th 46 to Feb. 8 1947 that I last saw him alive on Feb. 8 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Senile dementia causing malnutrition — Duration: 6 mo.

Due to: Cerebral arteriosclerosis — 6 yrs

Due to: XXXXXX

Other conditions: XXXX
(Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: None

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): XXXX

(b) Date of occurrence: XXXX

(c) Where did injury occur? XXXX (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? XXXX (Specify type of place)

While at work? XXX (e) Means of injury: XXX

23. Signature: Louis C. Calvert (M. D. or other)

Address: Weston Missouri Date signed 1/13/47

257 (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Frances M. Giffee

Licensed Embalmer No. 7393

P. O. Address Platte City, 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.