

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

27203

AUG 25 1947 96

Registration District No.

Primary Registration District No. 5349

Registrar's No.

52

1. PLACE OF DEATH:

- (a) County Dallas
 (b) City or town Rural Jasper
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Charles E. Patton

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex M 0 5. Color or race W
 6. (b) Name of husband or wife Emeline Patton
 7. Birth date of deceased Oct 28 1867
 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 7
 If less than one day hr. min.

9. Birthplace Laclede Co. MO.
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.

12. Name Joseph Patton
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Moore
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Elmer Patton
 (b) Address Windyville MO.
 17. (a) Burial (b) Date thereof 8-17-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Long Rock

18. (a) Signature of funeral director Montgomery Vaughan
 (b) Address Buffalo Mo.

19. (a) 8-24-47 (b) Mo. J. B. Jones
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Dallas
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Windyville MO.
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 15
 year 1947 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from
4-15, 1947, to 8-15, 1947
 that I last saw him alive on 8-12, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4:30

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy 94A

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 W. J. Dammann (M. D. or other)
 Address Buffalo Mo Date signed 8-17-47

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 8,29,47
Date Filed 7-47-1025

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

Clyde Montgomery

Licensed Embalmer No.

30592

P. O. Address

Buffalo, 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.