

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 2 1947

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27309

State File No.

Registrar's No.

Registration District No. 120

Primary Registration District No. 4194

1. PLACE OF DEATH:

(a) County Gentry County
 (b) City or town Albany
 (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 Lifetime
 years, months or days

3. (a) PRINT

FULL NAME Jefferson Pierson Patton

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 Lena Robertson 6. (c) Age of husband or wife ifalive 63 years7. Birth date of deceased June 25 1886
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 1 19 hr. _____ min.

9. Birthplace Gentry County Mo. (1)
 (City, town, or county) (State or foreign country)10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John R. Patton
 13. Birthplace Monroe Co. Tennessee
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy K. Gentry
 15. Birthplace Ind. Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. P. Patton
 (b) Address Albany Mo.17. (a) Burial (b) Date thereof 8/15/47
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Zion18. (a) Signature of funeral director W. H. Brooks(b) Address Albany Mo.19. (a) Aug 19 1947 (b) James H. Robertson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Gentry 38
 (a) State Missouri (b) County Gentry
 (c) City or town Albany
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
 year 1947 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from November 16, 1946, to Aug. 13, 1947,
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 10 days
 Due to arterial Hypertension 10 yrs.

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 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 Fran R. Rose (M. D. or other) M. D.
 Address Albany Mo. Date signed 8-15-47

DISTRICT HEALTH OFFICE
St. Louis, 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 _____

Licensed Embalmer No. 3329

P. O. Address Albany 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, above space should be left blank.