

FILED DEC 8 1947
Registration District No. 122

Primary Registration District No. 4165

Registrar's No. 122

1. PLACE OF DEATH:
(a) County. Daviess
(b) City or town. Gallatin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1
(Specify whether
In this community. Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Daviess 31
(c) City or town. Gallatin
(If outside city or town limits, write "RURAL") 1
(d) Street No. ----
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. U

3. (a) PRINT FULL NAME Harry Edminston Patton
3. (b) If veteran, name war. None
3. (c) Social Security No. 495-10-3072

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 14
year. 1947 hour. 11 minute. A. M.

4. Sex. Male 5. Color or race. White
6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Henryetta Patton
6. (c) Age of husband or wife if alive. 63 years
7. Birth date of deceased. April 17 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1 Nov 1947 to 14 Nov 1947 that I last saw him alive on 14 Nov 1947 and that death occurred on the date and hour stated above.
Duration 47

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>27</u>	hr. min.

Immediate cause of death. acute myocardial infarction
Due to. Effusion 14 days

9. Birthplace. Jamesport Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation. Manager

Due to. aortic stenosis
Other conditions. infarction
(Include pregnancy within 3 months of death)

11. Industry or business. Lumber Yard
12. Name. Granville Marion Patton
13. Birthplace. Alderson West Virginia
(City, town, or county) (State or foreign country)
14. Maiden name. Mary Isabell Caraway
15. Birthplace. Daviess County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations. an
Of autopsy. an
Underline the cause of which death should be charged statistically.

16. (a) Informant. Mrs. H. E. Patton
(b) Address. Gallatin, Missouri
17. (a) Burial (b) Date thereof. 11-16-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Gallatin, Mo.

22. If death was due to external cause, 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? (Specify type of place)
While at work? (e) Means of injury.....
(M. D. or other)

18. (a) Signature of funeral director. Hope Funeral Home
(b) Address. Gallatin, Missouri
19. (a) 11-22-47 (b) Virginia M. Englebert
(Date received local registrar) (Registrar's signature)

23. Clarence Carter M.D.
Address. Gallatin Mo Date signed. 11/20/47

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

MOTHER FATHER

FEB 10 1949

JUL 13 1949

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 *L. O. Pichessou*

Licensed Embalmer No. 3387

P. O. Address Gallatin, 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.