

S. No. 2
DOM-5-43
Rev. 5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 9

FILED MAR 27 1948

Registration District No. 167

Primary Registration District No. 4255

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

1. PLACE OF DEATH:

(a) County Johnson

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

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

(d) Length of stay: In hospital or institution XXXX (Specify whether
In this community 79 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME JOHN WILLIAM PATTEN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race white

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

6. (b) Name of husband or wife XXXX

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

7. Birth date of deceased January 23, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>79</u>	<u>1</u>	<u>21</u>hr.min.

9. Birthplace Johnson County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business same

12. Name Erron Patten

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

14. Maiden name unknown

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

16. (a) Informant William Barber

(b) Address 1829 Indiana, K.C. Mo

17. (a) Burial (b) Date thereof 3/18/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday & Ropp

(b) Address Holden, Missouri

19. (a) March 22, 1948 (b) Miss H. R. Redford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. XXXX (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country XXXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1948 hour 6/30 minute P M.

21. I hereby certify that I attended the deceased from Feb 12
1948, to March 14, 1948
that I last saw him alive on March 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to Chronic Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 939

Of autopsy _____

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 L

23. Signature James A. Holmberg (M. D. or other) P.D.
Address Holden, Mo. Date signed 3/17/48

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..... *M. J. C. ...*

Licensed Embalmer No. *3434*

P. O. Address. *Holden Mass*

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.