

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2017

FILED JAN 21 1947

Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 hours
(Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME William Hugh McPatrich

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 ***** 6. (c) Age of husband or wife if alive ***** years
7. Birth date of deceased December 28, 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer-retired

11. Industry or business

FATHER { 12. Name John McPatrich
13. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Amanda Hughes
15. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant James McPatrich, (bro)
(b) Address Cole Camp, Missouri

17. (a) Burial (b) Date thereof 1/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)
Pleasant Hill Cemetery

(c) Place of burial or cremation Pettis County, Mo.

18. (a) Signature of funeral director Sieue Ewing
(b) Address Sedalia, Mo.

19. (a) Jan 3, 1947 (b) Betty Yeager
(Date received local registry) (District signature)

251 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 925 East Third
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1947 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from Dec 29-46 to Jan 1-47, 1947; that I last saw him alive on Jan 1-47 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Nephritis Duration

Due to Chronic Nephritis

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) Means of injury

23. Signature W. Mitchell (M. D. or other)

Address Sedalia, Mo. Date signed 1/9/47

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

1-18-47
Date Filed

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 Wm. Ewing
Licensed Embalmer No. 3847
P. O. Address Sedalia, 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.