

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

**1. PLACE OF DEATH:**  
 (a) County Ray  
 (b) City or town near Richmond, Mo.  
 (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. \_\_\_\_\_ (Specify whether)  
 In this community 5-2 yrs. years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Ray 89  
 (c) City or town Hardin, Mo  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2 (If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country no.

**3. (a) PRINTED FULL NAME** Minnie Smith Patton  
**3. (b) If veteran,** name war ←  
**3. (c) Social Security No.** 599-07-0192

**4. Sex** F **5. Color or race** W  
**6. (a) Single, widowed, married, divorced** Widowed  
**6. (b) Name of husband or wife** William Patton  
**6. (c) Age of husband or wife if alive** 56 years  
**7. Birth date of deceased** 6-11-92  
 (Month) (Day) (Year)

**8. AGE:** Years 54 Months 11 Days 17  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Crucifix, Ray, Mo.  
 (City, town or county) (State or foreign country)

**10. Usual occupation** Telephone Operator

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** Luther Smith  
**13. Birthplace** Canal, Mo.  
**14. Maiden name** Mary Jane Vonhoozer  
**15. Birthplace** Crucifix, Ray, Mo.  
 (City, town or county) (State or foreign country)

**16. (a) Informant** R. S. Stallion

**(b) Address** 1517 E. 50 Terr. Kennett City, Mo.

**17. (a) Burial** (b) Date thereof 4-26-47  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Sunny Slope Cemetery

**18. (a) Signature of funeral director** R. H. Boggs

**(b) Address** Radway, Mo.

**19. (a) April 28-47** (b) Mabel Jackson  
 (Date received local registrar) (Registrar's signature) 2972

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 24  
 year 1947 hour 6 minutes 40 M.

**21. I hereby certify that I attended the deceased from** 24 day 47 to 24 day 47  
 that I last saw him alive on 24 day 47 and that death occurred on the date and hour stated above.  
 Duration \_\_\_\_\_

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Other conditions JPH  
 (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? \_\_\_\_\_

(e) While at work \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

**23. Signature** [Signature] (M. D. or other) MD

**Address** Crucifix, Mo **Date signed** 4-25-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-7-47

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 *J. J. Hurman*

Licensed Embalmer No. *2073*

P. O. Address *Richmond, Va.*

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.