

S. No. 2
OM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38323

State File No.

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond, Missouri
(c) Name of hospital or institution:
140 Buchanan Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
(Specify whether)
In this community 29 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 140 Buchanan Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Nannie A. Patton

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George A Patton
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 26 hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business.....

12. Name Christfier Daughtery

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

14. Maiden name Unknown
" " " " (State or foreign country)

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

16. (a) Informant George A. Patton

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 11/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Quest-Life Fun. Home
(b) Address Richmond, Missouri

19. (a) Nov 13 1945 (b) Mabel Jackson
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Novemb day 11
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Nov. 10 1945 to Nov. 12 1945
that I last saw her alive on Nov. 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary Thrombosis Duration 24 hrs.

Due to Arterial Sclerosis
Hypertension 5 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).....
(c) Means of injury.....

23. Signature M. E. G. Revan (M.-D. or other)
Address Richmond, Mo Date signed Nov 13 45

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

MOTHER FATHER

1637

(Licensed Embalmer's Statement on Reverse Side)

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. *4066*

P. O. Address *Bellevue, 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.