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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2267

State File No.

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Greene

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

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

(d) Length of stay: In hospital or institution 1½ days (Specify whether
In this community 1½ days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

(c) City or town Marshfield 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Silas Obe Patty

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Melisse Angeline Patty

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January (Month) 24 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	12	x hr. x min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Neal Patty
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Gann
15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Laura Chapman - daughter

(b) Address Marshfield, Missouri

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Jan. 7 1942 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Marshfield

18. (a) Signature of funeral director Lex Lainey

(b) Address Marshfield, Missouri

19. (a) 1-7-42 (Date received local registrar) (b) Dr W G Handley (Registrar's signature)

704

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1942 hour 4 minute 25 A.M.

21. I hereby certify that I attended the deceased from 1/4/42
, 19 , to 1/6 , 1942
that I last saw h 1 m alive on 1/5 , 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Embolism	36 hours
Due to Arterio Sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83b	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature C W Max Fitch (M. D. or other) M D

Address Springfield Mo Date signed 1/7/42

(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 Rex Lainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.