S. No. 2
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5-17-39
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7331

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1943

Registration District No. 591

Primary Registration District No. 5997

Registrar's No. 23

86
0
0

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

1. PLACE OF DEATH:
(a) County Putnam
(b) City or town Rural — Wilson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 74 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Putnam 86
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Clinton L Patrick

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Nora C Patrick

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June (Month) 11 (Day) 1867 (Year)

8. AGE: Years 75 Months 8 Days 6 If less than one day hr. min.

9. Birthplace — (City, town, or county) Indiana 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name George A Patrick
13. Birthplace — (City, town, or county) Indiana 1 (State or foreign country)

MOTHER
14. Maiden name Martha A Moore
15. Birthplace — (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Nora C Patrick
(b) Address Unionville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 19 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Mo

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville Mo J W Comstock

19. (a) 3/3/43 (Date received local registrar) (b) [signature] (Registrar's signature)

1099

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1943 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Mch 10, 1943, to Feb 17, 1943
that I last saw him alive on Feb 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral regurgitation

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration 2

92 P

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 J W Holman (M. D. or other)
Address Unionville Mo Date signed 2-18-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-43-527
Date Filed MAR 11 1943

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 John N. Comstock
Licensed Embalmer No. 3891
P. O. Address Unionville 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.