

ED SEP 11 1943

Registration District No. **42**

Primary Registration District No. **108A**

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 619 1/2 So. 8th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WASHINGTON PATCHIN

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

4. Sex male **5. Color or** white **6. (a) Single, widowed, married,** divorced, widowed

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

7. Birth date of deceased January 16, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 9 hr. min.

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

10. Usual occupation furniture repairer

11. Industry or business _____

12. Name Volney Patchin

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

14. Maiden name Laney Stagg

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

16. (a) Informant John D. Patchin

(b) Address 922 1/2 N. 3rd. St. Joseph, Mo.

17. (a) Burial 7/27/43 **(b) Date thereof** _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Auburn Cemetery

18. (a) Signature of funeral director Rose Hertzog

(b) Address St. Joseph, Mo.

19. (a) 7/27/43 **(b) Rose Hertzog**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 5 minute 35P M.

21. I hereby certify that I attended the deceased from July 22 1943 to July 25 1943
that I last saw h. im alive on July 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Neurology

Due to _____
Due to Arteriosclerosis **OVER 2 WKS.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 83a
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 Charles Crest **M.D.**
Address Social Welfare Board **11/27/43**
Date signed _____

Dr. Clifton Smith

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..... JOE B. Yoder
Licensed Embalmer No..... 4173
P. O. Address..... 3195. 10th.

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.