

S. No. 2
4-5-42
5-17-39
P-I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31082

State File No.

Registrar's No. 131

OCT 7 1943

Registration District No. 10

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Rural Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Audrain
(c) City or town Rural Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. R. #5
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph F. Patrick

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Florence Patrick 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 1, 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 3 23 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name John Patrick
13. Birthplace DK (City, town, or county) (State or foreign country)
14. Maiden name Sarah DK
15. Birthplace DK (City, town, or county) (State or foreign country)

16. (a) Informant Richard Patrick
(b) Address Mexico, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/43
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood
18. (a) Signature of funeral director C. W. Arnold
(b) Address Mexico, Missouri
19. (a) 9/25/43 (Date received local registrar) (b) Margaret K Machie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 24 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Sept 1, 1943 to Sept 24, 1943
that I last saw him alive on Sept 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of prostate
Duration 2 yrs

Due to security

Other conditions arterio sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 5/1/43
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) (e) Means of injury 0
23. Signature R. Williams (M. D. or other) M.D.
Address Mexico, Mo Date signed 9-25-43

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

1074

RECEIVED

District Health Officer No. 10

State File Number 10-43-1633

Date Filed OCT 6 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 Chas. W. Arnold

Licensed Embalmer No. 3569

P. O. Address Windsor, N.C.

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.