

FILED NOV 3 1944

Registration District No. 3294A

Primary Registration District No. 5109

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Rural - Cecaded Creek
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community entire life /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

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

(d) Street No. 6 miles North of Lutesville, Mo.
in Hurricane Community.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Henry Patton

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. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased September 6th 1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>11</u>	<u>26</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name William David Patton

13. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Milinda Lincoln

15. Birthplace Bollinger County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Patton

(b) Address Bessville Missouri

17. (a) Burial (b) Date thereof Sept. 3rd. 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hurricane Cemetary

18. (a) Signature of funeral director Robert E. Drum

(b) Address Lutesville, Missouri

19. (a) Oct. 30, 1944 (b) Mrs. Geneva Graham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd
year 1944 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Sept 1st 1944 to Sept 2nd 1944
that I last saw him alive on Sept 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myo. Carditis

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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) here 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 Edwin Curtis (M. D. certificate)

Address Seelyville, Mo. Date signed 9/2/44

RECEIVED

District Health Officer No. 4
District File Number 1144-4510
Date Filed 11-7-44

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.....

did NOT Embalm

....., Registered Apprentice No.

working under my personal supervision.

Signed

Robert C. Brown (General Director)

Licensed Embalmer No.

P. O. Address Putnamville, 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.