

No. 2
5-43
5-17-39
1 X38671

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35102
Registrar's No. 202

FILED NOV 14 1944

Registration District No. 2 Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph Moberly

(b) City or town Ship of Sugar Creek

(c) Name of hospital or institution: M^c Cormick Hospital

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or township of Sugar Creek GA

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? 1 (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Ossie G. 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

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

7. Birth date of deceased Jan 5 1877

8. AGE: Years, Months, Days If less than one day

67 8 25 hr. _____ min.

9. Birthplace Mo

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Patrick

13. Birthplace Mo

14. Maiden name Mary E Patrick

15. Birthplace Va

16. (a) Informant Mrs Leta Patrick

(b) Address R D Moberly Mo

17. (a) Burial (b) Date thereof 10-3-44

(c) Place: burial or cremation Sugar Creek

18. (a) Signature of funeral director Abraham and Son

(b) Address Moberly Mo

19. (a) 10-3-44 (b) Irma Hale

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30

year 1944 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-21 1944 to 9-30 1944

that I last saw him alive on 9-30 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis Duration months

Due to _____

Due to _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature M. J. McCormick M. D. or other _____

Address Moberly Mo Date signed 10-3-44

1036

RECEIVED

District Health Officer No. 10

District File Number 11-44-1843

Date Filed NOV 10 1944

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.....

Frank D. Witt

Licensed Embalmer No.....

3021

P. O. Address.....

Moberly 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.