

S. No. 2
OM-5-43
v. 5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38323

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 64

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
140 Buchanan Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether)

In this community 29 Yrs. (years, months or days)

3. (a) PRINT FULL NAME Mrs. Nannie A. Patton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George A Patton

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

7. Birth date of deceased April 5, 1872
(Month) (Day) (Year)

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

73	6	26	hr. min.
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9. Birthplace Norbourne, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Christfier Daughtery

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

14. Maiden name Unknown
" " " " (State or foreign country)

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

16. (a) Informant George A. Patton

(b) Address Kansas City, Missouri

17. (a) Burial (b) Date thereof 11/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Quest-Life Fun. Home

(b) Address Richmond, Missouri

19. (a) Nov 13 1945 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 140 Buchanan Street
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 11
year 1945 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from
Nov. 10 1945 to Nov. 12 1945
that I last saw her alive on Nov. 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis 24 hrs.

Due to Arterial Sclerosis Hypertension 9 yrs.

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

Major findings:
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)

(e) Means of injury _____

23. Signature M. E. R. Kevan (M.-D. or other)
Address Richmond, Mo Date signed Nov 13 45

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

1637

(Licensed Embalmer's Statement on Reverse Side)

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

Licensed Embalmer No. *4066*

P. O. Address *Bellevue, 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.