

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED NOV 12 1946

State File No. _____

Registration District No. 12

Primary Registration District No. 5050

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry

(b) City or town "Rural" Mineral Sprrs. Tpn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
8 mi N.E. of Cassville /
(If not in hospital or institution, write street number or location)

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

In this community 60 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town "Rural" 1
(If outside city or town limits, write "RURAL")

(d) Street No. 8 mi N.E. of Cassville 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pricilla Jane PATTON

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Wm. C. Patton

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

7. Birth date of deceased May 20 1866
(Month) (Day) (Year)

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

80 4 18 -- hr. --- min.

9. Birthplace Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER {

12. Name James Hadley

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Thirsey Attorberry

15. Birthplace Polk Co. Missouri 11
(City, town, or county) (State or foreign country)

16. (a) Informant James Patton

(b) Address Rt. 2; Purdy, Missouri

17. (a) Burial (b) Date thereof Sept. 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparks Cemetery

18. (a) Signature of funeral director W. C. Koon

(b) Address Cassville, Missouri

19. (a) 10/10/46 (b) Mrs. Lane Hudson
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th.
year 1946 hour 3:00 minute _____ P. A.M.

21. I hereby certify that I attended the deceased from Apr. 2 1946 to Sept. 8 1946
that I last saw her alive on Sept. 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatic Cirrhosis Duration 3 Mo.

Due to _____

Due to _____

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? _____

(Specify type of place) _____

While at work? _____ Means of injury _____

23. Signature E. E. McDaniel (M. D. or D. P.)
Cassville, Mo. Date signed 9/8/46

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

31478

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.....

W. C. Koon

Licensed Embalmer No. *4359*

P. O. Address. *Cassville, 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.