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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35752**
Registrar's No. **1207**

FILED NOV 22 1948

Registration District No. **42**

Primary Registration District No. **4052**

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

1. PLACE OF DEATH:

(a) County Burchanago

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

(c) Name of hospital or institution: Agency 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Burchanago

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME DELUS LEE PATTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: July 20 1948
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>0</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

12. Name Lee Patton

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

14. Maiden name Lucy Ann Anderson

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

16. (a) Informant Lee Patton

(b) Address Agency Mo

17. (a) Buried (b) Date thereof Nov 12 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Agency cem

18. (a) Signature of funeral director John McKinney

(b) Address Buried Mo

19. (a) 11-13-48 (b) Ch. Jenkins
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11
year 1948 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 11th 48, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration _____

Due to Acute Cold

Due to _____

Other conditions Acute Cold
(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) (a) Means of injury _____

23. Signature R. W. Tadlock (M. D. or other) _____
Address King Hill Bldg Date signed 11/13/48

St Joseph, Mo.

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. John H. Murray
Licensed Embalmer No. 2893
P. O. Address. Gower, 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.