

DEC 3 JUL 20 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21872

Do not use this space.

## 1. PLACE OF DEATH

(a) County Green Registration District No. 316  
(b) Township Springfield Primary Registration District No. 200 Registered No. 495  
(c) City Springfield (d) Street No. 3rd St. Baptist Hospital St. Springfield  
(If death occurred in hospital or institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Patricia Ann Uden (Uden) Hebanon Mo. St. Lebanon Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Wpts 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 4 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as saw mill, bank, etc. None  
10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo. 013. NAME Uden, Mrs. Marie 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 015. MAIDEN NAME Jarvis, Geneva16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Uden, Mrs. Marie  
Lebanon Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon DATE June 14, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Holman  
Lebanon Mo.20. FILED June 20, 1938 Char. A. George Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-20, 1938

22. I HEREBY CERTIFY, That I attended deceased from

, 1938 to 6-20, 1938I last saw h.f.y. alive on 6-16, 1938. Death is saidto have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Congenital malformation of heart  
157C-

Date of onset

Other contributory causes of importance:

Infectious enteritis 6-18-38  
Allylamine intoxication 6-16-38

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 1938

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) W. E. Holman, M. D.(Address) Springfield, Mo.

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**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.....

P. O. Address.....

**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, above space should be left blank.**