N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

REC'D DEC 15 1939

39910
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 2 — Registration District No. 410
(b) Township Preston 1 — Primary Registration District No. 4243 — Registered No. 20
(c) City Jasper (d) Street No. ..... St.
(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 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Larry Kenneth Patterson
(a) Residence, No. 362 Jasper Mo St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stillbirth

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1939

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
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) Jasper Co (STATE OR COUNTRY) Missouri

FATHER
13. NAME Stanley Patterson
14. BIRTHPLACE (CITY OR TOWN) Jasper Co (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Ruth Alsup
16. BIRTHPLACE (CITY OR TOWN) Jasper Co (STATE OR COUNTRY) Missouri

17. INFORMANT Stanley Patterson (ADDRESS) Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Nov 12 1939

19. FUNERAL DIRECTOR (NAME) Chas E. Teeter (ADDRESS) Jasper Mo

20. FILED Nov. 17 1939 Clara E. Carr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Stillborn — Date of onset 2-3 days before birth

Other contributory causes of importance:

Name of operation None 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 ....., 19.....
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) Chas. H. Schell, Jr., M. D.
(Address) Jasper, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1939-2387
Date Filed DEC 4 1939

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.....

Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.