No. 2
-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21873

Registration District No. FILED JUL 17 1940 Primary Registration District No. 4222 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Howard,

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

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard,

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

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

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Betty Patrick, 362

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Black

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

6. (b) Name of husband or wife Unknown,

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years about 80 | Months | Days | If less than one day hr. min.

9. Birthplace Missouri, (City, town, or county) 0 (State or foreign country)

10. Usual occupation At Home, 9

11. Industry or business

FATHER
12. Name Unknown, 0
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Agness Reeves,
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Washington,

(b) Address 308 N. 5th Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16th 1940 (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetary,

18. (a) Signature of funeral director Guy T. Halley.

(b) Address Fayette, Mo.

19. (a) July 8, 1940 (Date received local registrar) (b) Mrs. T. O. Bonham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1940 hour minute A M.

21. I hereby certify that I attended the deceased from —, 19__, to —, 19__; that I last saw h— alive on —, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Senility, old age and heart [illegible] for [illegible]

Due to

Due to 162

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

Duration

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) no

(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? 339 (Specify type of place)

While at work? (e) Means of injury

23. Signature W R Hawkins MD Coroner (M. D. or other) S

Address Georgetown Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 7-15-40
Date Filed

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 Guy T. Harvey

Licensed Embalmer No. 2966

P. O. Address Fairfield Me

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.