DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22290

REC'D JUL 17 1940

Registration District No. 565 Primary Registration District No. 5761a Registrar's No. 34

1. PLACE OF DEATH:
(a) County Miller Mdi. Mo
(b) City or town Rural 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: —
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution —
(Specify whether
In this community Lifetime
years, months or days) 362

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Miller
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Ulman, Mo. R# 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME CAMILLA ADELINE PATTERSON

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Fem
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William Patterson
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. (Month) 5 (Day) 1860 (Year)

8. AGE: Years 79 Months 6 Days 16 If less than one day ___ hr. ___ min.

9. Birthplace Tuscumbia (City, town, or county) Mo (State or foreign country) 6
10. Usual occupation Housekeeper 6
11. Industry or business Farming
FATHER
12. Name Dr. A. P. Nixdorf 6
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Wilhemina Mahle
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant's own signature James Patterson
(b) Address Ulman, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-40 (Month) (Day) (Year)
(c) Place: burial or cremation Ulman, Mo
18. (a) Signature of funeral director C. L. Casey
(b) Address Iberia, Mo
19. (a) May 28, 1940 (Date received local registrar) (b) C. R. Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1940 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 20, 1940, to May 21, 1940; that I last saw her alive on May 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis and Chr. Endocarditis	20 yrs
Due to Influenza 20 yrs ago	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92 W	

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? (e) Means of injury

23. Signature M. E. Humphreys (M. D. or other) DO.
Address Tuscumbia, Mo. Date signed 5-23-40

(Licensed Embalmer's Statement on Reverse Side)

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

Rev. 5-17-39 I X19511

RECEIVED
Miller County Health Dep't.
County File Number 40-81
Date Filed 7-15-40

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 Laran Adams, Registered Apprentice No. 211, working under my personal supervision.

Signed C. L. Bailey

Licensed Embalmer No. 2694

P. O. Address Iberia, 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, above space should be left blank.