

x2142

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

Registration District No. 668 Primary Registration District No. 5894 3032 Registrar's No. 259

1. PLACE OF DEATH
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 57 yrs. years, months or days)

8. (a) PRINT FULL NAME Effie Dora Patterson
8. (b) If veteran, name war - 8. (c) Social Security No. -

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Mr. E. Patterson 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased March 6 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 5 hr. min.

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

10. Usual occupation at home

11. Industry or business
MOTHER FATHER { 12. Name William Colwell
13. Birthplace Clay Co. Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Elsie Bayles
15. Birthplace Clay Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Patterson
(b) Address Sedalia R.R. # 4

17. (a) Burial (b) Date thereof Mr Herman
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia

19. (a) 8-13-40 (b) Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. R. 7, D. # 4
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1940 hour 11:00 minute A M.
21. I hereby certify that I attended the deceased from Aug 4
1940 to Aug 11, 1940
that I last saw her alive on Aug 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis Duration 1 hour

Due to Fracture of hip 1 week

Due to _____
Other conditions: _____
(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? 906
While at work? _____ (Specify type of place)
By means of injury _____

23. Signature A. L. Walker (M. D. or other) MD
Address Sedalia Mo Date signed Aug 13 1940

1948
99
RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-11-40

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 29328
Registrar's No. 257

Registration District No. 668

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(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)

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

3. (a) PRINT FULL NAME Effie Doris Patterson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced wid

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

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

8. AGE: Years 70 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 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 Pulmonary Embolism Duration _____

Fracture of Hip

Due to _____

Other conditions (Include pregnancy within 3 months of death) 186 W 18

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) Accident

(b) Date of occurrence August 4 1940

(c) Where did injury occur? Sedalia Pettis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home

While at work? Yes (Specify type of place) (e) Means of injury Fell on Walk

23. Signature A. H. Walter (M. D. or other) M.D.

Address Sedalia Mo Date signed Oct 23 1940

SUPPLEMENTAL

