

7. S. No. 2
11-10-39
ev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39882**

Registration District No. **796**

Emergency Registration District No. **3038**

Registrar's No. **169**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Putnam Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 yrs. _____ (Specify whether
years, months or days) _____

3. (a) PRINT FULL NAME Virginia Alwilda Patterson

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Patterson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 23 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business 1

12. Name Davis D. Scott
13. Birthplace Morgan Co. Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Emmy Berney
15. Birthplace Morgan Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Patterson

(b) Address Marshall, Mo.

17. (a) Burial (b) Date thereof Nov. 15, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coridon Iowa

18. (a) Signature of funeral director Campbell-Lewis

(b) Address Marshall, Mo.

19. (a) 11-13-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 226 S. Odell
(If rural, give location) _____
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1940 hour 10 minute 25 a. M.

21. I hereby certify that I attended the deceased from June 17
1937 to Nov. 13 - 1940
that I last saw him alive on Nov. 13 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma involving primary lungs. General metastases 2 yrs.
Due to Carcinoma of right breast. Removed breast 1938
Due to _____

Other conditions Aortic stenosis, Arteriosclerosis.
(Include pregnancy within 3 months of death)

Major findings: No
Of operations: No
Of autopsy: No

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? 112
While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Al Putnam (M. D. or other) _____
Address Marshall Mo. Date signed 11-13-40

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

77
5
2

DEC 12 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-12-40

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 *D. W. Campbell*

Licensed Embalmer No. *3469*

P. O. Address *Marshall, N.*

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

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