

No. 2
14-13-40
5-17-39
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JAN 13 1941

Registration District No. 77

Primary Registration District No. 4041

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Centralia Mo.
(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 2
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Boone
(c) City or town Centralia
(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.? Born years.

3. (a) PRINT FULL NAME

Nina Patterson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife M.P. Patterson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June 7th 1860

(Month) (Day) (Year)

8. AGE:

Years 80 Months 6 Days 15 If less than one day hr. min.

9. Birthplace

New Harmony Ind (City, town, or county) (State or foreign country)

10. Usual occupation

House Wife 1

11. Industry or business

MOTHER FATHER

12. Name George Wiley

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

14. Maiden name U.K.

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

16. (a) Informant M.P. Patterson

(b) Address Centralia, Mo.

17. (a) Buried (b) Date thereof 12-24-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia, Mo., Cem

18. (a) Signature of funeral director M. M. M. M.

(b) Address Centralia Mo

19. (a) 12/24/40 (b) F. W. Borden

(Date received local registrar) (Registrar's signature)

76/41

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22nd year 1940 hour 2 minute 15 M.

21. I hereby certify that I attended the deceased from 12/12/40 19... to 12/22/40 19... that I last saw him alive on 12/26/40 19... and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 12/20

Due to softening of hip

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? 36
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. M. M. M. (M.D. or other) 12/23/40
Address Centralia Mo Date signed 12/23/40

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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 *M. J. McDaniel*
Licensed Embalmer No. *Centiles Mo.*
P. O. Address *2589*

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41783

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 72

Primary Registration District No. 4041

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Centralia
(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 Nissa Patterson

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

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced w

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 80 Months 6 Days 15 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)

(Month) (Day) (Year)

(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 Dec day 22 year 1940 hour _____ minute _____ 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 Typhostatic pneumonia Duration _____

Influenza

Due to fractured hip

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) Accident

(b) Date of occurrence Sept. 13, 1940

(c) Where did injury occur? Centralia Boone Mo (City or town) (County) (State)

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

While at work? Yes (Specify type of place) (e) Means of injury fall

23. Signature Arthur M. [unclear] (M.D. or other)

Address Centralia Mo Date signed _____

SUPPLEMENTAL

S-41783 1940