

No. 2
4-13-40
5-17-39
I X23159

LEO JAN 10 1941

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2312 Moffett Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2312 Moffett Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Christina Faye 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 Cecil Patterson 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased July 23, 1907
(Month) (Day) (Year)

8. AGE: Years 33 Months 4 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Joseph A. Daily
13. Birthplace Butte, Montana
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Everitt
15. Birthplace Webb City, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Cecil Patterson

(b) Address Joplin, Missouri

17. (a) Burial (b) Date thereof 12-9-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Thornhill-Dillon

(b) Address Joplin, Missouri

19. (a) 12-9-40 (b) Ed James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th
year 1940 hour 7:50 minute AM M.

21. I hereby certify that I attended the deceased from Nov. 5
1940 to Dec 7th 1940
that I last saw h. OR alive on Nov 6th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Tuberculosis of the Respiratory System
Due to Cholelithiasis

Duration 14 yrs. (1926)

Due to 72
Other conditions Respiratory Tractitis
(Include pregnancy within 3 months of death)

Duration 14 yrs

Major findings:
Of operations ✓

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 ✓
(b) Date of occurrence 12-9-40
(c) Where did injury occur? 372
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

372 (Specify type of place) While at work? ✓ (e) Means of injury 300
23. Signature J. Dawson or other 300
Address Joplin Mo Date signed 12-9-40

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

9
7
5

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.....

Licensed Embalmer No.....

P. O. Address.....

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.