S. No. 2
—4-13-40
5-17-39
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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3033

Registration District No. 410 Primary Registration District No. 5567 Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town RURAL - Lincoln Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route #1, Golden City,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 85 Years years, months or days) L

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

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3. (a) PRINT FULL NAME Victoria Bottom Pattison
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John Wesley Pattison
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 11, (Day) 1852 (Year)
8. AGE: Years 88 Months 3 Days 20 If less than one day hr. min.
9. Birthplace X (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Bottom
FATHER 13. Birthplace (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name Martha Ann Sims
MOTHER 15. Birthplace (City, town, or county) Ky. (State or foreign country)
16. (a) Informant Richard A. Pattison
(b) Address Golden City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation Avilla Cemetery
18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.
19. (a) Jan 2, 1941 (Date received local registrar) (b) Clara E. Carns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31, year 1940 hour 12:25 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 24 - 1940 to Dec. 31 - 1940; that I last saw her alive on Dec. 31 - 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. A. Hope (M. D. or other) D
Address Golden City Mo. Date signed 1-3-41

(Licensed Embalmer's Statement on Reverse Side)

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 Gene C. Pugh, Registered Apprentice No. 253 working under my personal supervision.

Signed Ed [illegible]

Licensed Embalmer No. 2222

P. O. Address Carthage

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.