

Registration District No. 735
Primary Registration District No. 3034

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly Mo
(c) Name of hospital or institution:
228 Hedger Ave
(d) Length of stay: In hospital or institution _____
In this community 1 month

3. (a) PRINT FULL NAME NELLIE F. PATTERSON
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex Female 5. Color or race negro
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 9 1870

8. AGE: Years 71 Months 0 Days 28
If less than one day _____ hr. _____ min.

9. Birthplace Montgomery Co
10. Usual occupation Housewife

11. Industry or business _____
12. Name Ernie Walker
13. Birthplace Callaway Co
14. Maiden name Est. Unknown
15. Birthplace Est. Unknown

16. (a) Informant Mrs Nellie May Ray
(b) Address Moberly Mo
17. (a) Burial (b) Date thereof Mar 9 1941
(c) Place: burial or cremation Wellsville Mo

18. (a) Signature of funeral director Tom B. Patton
(b) Address Antlers Mo
19. (a) Mar 9-41 (b) Leah Williams

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Randolph
(c) City or town Moberly
(d) Street No. 228 Hedger Ave
(e) Citizen of foreign country? _____

20. DATE OF DEATH: Month Jan day 17 year 41 hour 2:45 minute 30 M.
21. I hereby certify that I attended the deceased from Jan 17 41 to Mar 4 41
that I last saw her alive on Mar 4 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to _____
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Jan 17, 41
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
23. Signature Dr. J. H. Williams
Address Moberly Mo Date signed Mar 7 41

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

MOTHER FATHER

RECEIVED

District Health Officer No: 10

District File Number H-41-789

Date Filed APR 14 1941

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntersville Md

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.