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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24924

State File No. 24924

Registration District No. 218 Primary Registration District No. 3015 Registrar's No. 88

1. PLACE OF DEATH:

(a) County COOPER

(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1126 S. MAIN STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 25 YEARS 1

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 057

(c) City or town BOONVILLE 1
(If outside city or town limits, write "RURAL.")

(d) Street No. 1126 SOUTH MAIN
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME OWEN PATTERSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. 487-07-1448

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife NETTIE PATTERSON

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased SEPTEMBER (Month) 5 (Day) 1902 (Year)

8. AGE: Years 38 Months 10 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace MONITEAU COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business KEMPER MILITARY SCHOOL

MOTHER FATHER

12. Name HENRY PATTERSON

13. Birthplace MONITEAU COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

14. Maiden name HATTIE CLARKSON

15. Birthplace MONITEAU COUNTY (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant MRS NETTIE PATTERSON

(b) Address BOONVILLE MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 23, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MISSOURI

19. (a) 7-22-41 (Date received local registrar) (b) D. E. Hooper (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 19th year 1941 hour 11:30 minute ____ P.M.

21. I hereby certify that I attended the deceased from July 15 1941 to July 19 1941 that I last saw h. alive on 7/19-1941 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	1 mo.
Due to Rheumatism 12 Yr	
Due to	
Other conditions Delivery - Second of Multiple Births (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy No

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 W R Arthur (M. D. or other) D

Address 319½ Main St Date signed 7/22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-41

MAR 14 1950

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, M

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, fact should be so stated above.