

3-40
-39
K23159

FILED SEP 10 1941
Registration District No. 1941

Primary Registration District No. 3004

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

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Butler

(c) Name of hospital or institution: Butler Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days
(Specify whether)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County Linn 999

(c) City or town Boicourt 14
(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.? 2 years

3. (a) PRINT FULL NAME OSBORNE RAYMOND PATTERSON

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 1941 hour 9 minute 26 M.

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

21. I hereby certify that I attended the deceased from 8-26, 1941, to 8-27, 1941
that I last saw h. is alive on 8-22, 1941
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single/widowed, married, divorced MARRIED

6. (b) Name of husband or wife FLORNEE PATTERSON 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan 23 1887
(Month) (Day) (Year)

Immediate cause of death

Due to Chronic Nephritis
Chronic Myocarditis

8. AGE: Years 54 Months 7 Day 23 If less than one day _____ hr. _____ min.

Duration _____

Due to _____

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

Other conditions _____

10. Usual occupation Mail Carrier

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name Robert Patterson

Of autopsy _____

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

14. Maiden name Anna McCallahan

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

16. (a) Informant Urgel O Patterson

(b) Address Boicourt Kansas

17. (a) Interment (b) Date thereof Aug 27 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director P. Lacy & Son

(b) Address Pleasanton Mo

19. (a) Aug 27-41 (b) Anna C. Culver
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature W. H. Woodruff (M. D. or other) _____

Address Butler Mo Date signed 8/27-41

OCT 14 1941

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1616

Date Filed 9-9-41

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:

H. P. Torrey

Licensed Embalmer No. 3441

P. O. Address Plasencia, Cal.

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.