. 2
3-40
7-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 31 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36259

Registration District No. 806 Primary Registration District No. 4485 Registrar's No.

1. PLACE OF DEATH:
(a) County: Schuyler
(b) City or town: Queen City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)
In this community: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Schuyler
(c) City or town: Queencity MO
(If outside city or town limits, write "RURAL")
(d) Street No.: R
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Rhoda E. 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: widow
6. (b) Name of husband or wife: ✓ 6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: March (Month) 5 (Day) 1863 (Year)

8. AGE: Years 78 Months 6 Days 19 If less than one day ____ hr. ____ min.

9. Birthplace: Adair Co. (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: housewife
11. Industry or business: "
MOTHER FATHER
12. Name: S. S. Utterbe
13. Birthplace: Penn. / (City, town, or county) (State or foreign country)
14. Maiden name: Emmeline Yadon
15. Birthplace: Penn. / (City, town, or county) (State or foreign country)
16. (a) Informant: Nettie Tingley
(b) Address: Queen City
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: Oct 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Queen City cemetery
18. (a) Signature of funeral director: Wm H Hess
(b) Address: Queencity Mo
19. (a) 10/24-1941 (Date received local registrar) (b) Oliver B Jones, Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24th year 1941 hour 11-0- minute a M.
21. I hereby certify that I attended the deceased from Jan 1st, 1941, to Oct 24, 1941; that I last saw h. alive on Oct 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: arterio-sclerosis
Due to: Senile
Due to: 97
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: ____ Of autopsy: ____

Duration

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 O Coffey (M. D. or other) D
Address: Queen City Mo Date signed 10/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1951
Date Filed OCT 30 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 Self, ..., Registered Apprentice No. ..... working under my personal supervision.

Signed Wm N West

Licensed Embalmer No. 2882

P. O. Address Queencity Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.