

Registration District No. 664

Primary Registration District No. 4397

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Green Ridge Mo.
(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 _____ (Specify whether _____)

In this community 11 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pettis

(c) City or town Green Ridge
(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. ? _____ years.

3. (a) PRINT FULL NAME EMMA PATTERSON DOWDY

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1942 hour 4:00 minute _____ P. M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Dowdy 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased JULY 7 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 2, 1942 to Jan 2, 1942 that I last saw her alive on Jan 2, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 5 Days 25 If less than one day hr. _____ min. _____

Immediate cause of death Coronary thrombosis

Due to _____

9. Birthplace St. Clair County Mo.
(City, town, or county) (State or foreign country)

Due to Arteriosclerosis

Other conditions (includes pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: Of operations 940

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business Housekeeping

12. Name Wm. Nicholas Patterson

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

14. Maiden name Mary Ann Shoemaker

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

16. (a) Informant's own signature H. M. Dowdy

(b) Address Green Ridge Mo.

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? _____

17. (a) Burial (b) Date thereof Jan 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Ridge Cemetery

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

18. (a) Signature of funeral director Geo. R. Shelby

(b) Address Green Ridge Mo.

19. (a) 1-4-42 (b) Mr. Anna Reger
(Date received local registrar) (Registrar's signature)

23. Signature H. A. Hite (M. D. or other) M.D.

Address Green Ridge, Mo. Date signed 1/3/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 8,

District File Number _____

Date filed 2-16-42

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 Elmer E. Hook

Licensed Embalmer No. 4063

P. O. Address Green Ridge Mo

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, above space should be left blank.