. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24337

Primary Registration District No. 2001

Registrar's No. 507

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 26
(If outside city or town limits, write "RURAL")
(d) Street No. 738 N. Boonesville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elmer Jackson Patterson
3. (b) If veteran, name war NO
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alice Patterson
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Aug. 6, 1906 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
35	11	1	hr. min.

9. Birthplace Winona, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Taxie Driver
11. Industry or business
FATHER
12. Name A. J. Patterson
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Fannie Pogue
15. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mr. and Mrs. J. W. Smyth
(b) Address 522 West Brower
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 8, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn
18. (a) Signature of funeral director Dunn Funeral Home
(b) Address 629 W. Walnut, Springfield, Mo.
19. (a) 7-8-42 (Date received local registrar) (b) Dr W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th. year 1942 hour 3:7 minute A. M.
21. I hereby certify that I attended the deceased from July 6, 1942, to July 7, 1942, that I last saw him alive on July 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Embolism	1 hour
Due to: Burns on face, arms, chest and back	1 day
Due to: Lacerated incised wounds on hands.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: None.	
Of autopsy: None.	

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) Accident.
(b) Date of occurrence 7-6-42 1:3
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home - House caught on fire - Smoking in bed - (Specify type of place) House was not burned down
While at work? (f) Means of injury
23. Signature J. Newton Wakeman (M. D. or other)
Address Springfield, Mo Date signed 7-7-42

984 (Licensed Embalmer's Statement on Reverse Side)

AUG 17 194

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.....

Licensed Embalmer No. 27-84

P. O. Address Springfield 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, fact should be so stated above.