

FILED OCT 8 1942

Registration District No. _____

Primary Registration District No. 4049

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Centralia
(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 _____ years, months or days

3. (a) PRINT FULL NAME Walter Harvey Patterson

3. (b) If veteran, name war

(c) Social Security No. 490-18-1358

4. Sex Male 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 (Day) (Year)

7. Birth date of deceased Jan 30 1871
(Month) (Day) (Year)

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

9. Birthplace Monroe County, Mo.
(City, town, or country) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business _____

12. Name James Harvey Patterson

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

14. Maiden name Lucinda Schrader

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

16. (a) Informant Marion Patterson

(b) Address Centralia Mo

17. (a) Burial (b) Date thereof 9/4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centralia Mo. Cem.

18. (a) Signature of funeral director W. M. ...

(b) Address _____

19. (a) 9/4-1942 (b) Chas. S. Wright
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Centralia
(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.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd year 1942 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec, 1940, to Sept, 1942, that I last saw him alive on Aug. 19, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis

Due to _____

Due to 106 ft

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature Chas. W. Quatini, M.D. (M. D. or other) _____

Address Centralia, Mo. Date signed 9/3/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. _____

- P. O. Address _____

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.