

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41179**

REC JAN - 6 1943

Registration District No. **181**

Primary Registration District No. **4293**

Registrar's No. **46**

1. PLACE OF DEATH:

(a) County **Lincoln**
(b) City or town **Elstern** **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 years, months or days)

3. (a) PRINT FULL NAME

Ruth Patten Birk

3. (b) If veteran,

name war

3. (c) Social Security

No.

4. Sex **Female** 5. Color or race **W.** 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 **July 13 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 4 15 hr. min.

9. Birthplace **Elstern MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Keeping**

11. Industry or business

12. Name **John A. Patten**
13. Birthplace **Elstern MO**
(City, town, or county) (State or foreign country)
14. Maiden name **Esperand Patten**
15. Birthplace **Elstern MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie March**
(b) Address **Elstern MO**

17. (a) (Burial, cremation, or removal) (b) Date thereof **12-9-42**
(Month) (Day) (Year)

(c) Place: burial or cremation **Elstern MO**

18. (a) Signature of funeral director **W. H. Bradley**

(b) Address **Elstern MO**

19. (a) **Dec 31, 1942** (b) **G. E. Williams**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Lincoln**
(c) City or town **Elstern**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **7**
year **1942** hour **4:30** minute **AM** M.

21. I hereby certify that I attended the deceased from **1939** to **Dec-7-42**
that I last saw him alive on **Dec-7-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Sudden death -**
hypostatic congestion
Due to **hypertension**
Due to **hypertension**
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **13**
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?

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

23. Signature **G. E. Williams** (M. D. or other)
Address **Elstern MO** Date signed **12-8-42**

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

JAN 11 1943

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:

W. H. Bradley

Licensed Embalmer No.

3966

P. O. Address

Ed. L. Lundy

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.