

S. No. 2
-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42193

State File No.

FILED JAN - 6 1948 37

Primary Registration District No. 6141

Registrar's No. 110

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

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Rural Jackson Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NONE. (Specify whether years, months or days)

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Rural 0

(d) Street No. Jackson Township 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME FRANCIS HENRY PATTERSON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
year 1942 hour 14 minute 15 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Francis Patterson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December - 18 - 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1941, to Dec 3 1942
that I last saw him alive on Nov 21 1942
and that death occurred on the date and hour stated above.

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

80 11 15 hr. min.

Immediate cause of death: Chronic Gastritis 2 year
Senility

9. Birthplace Marion County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 11813

11. Industry or business _____

12. Name John Thomas Patterson

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

14. Maiden name Susan Yedden

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Henry Patterson

(b) Address Empire Mo. R. 9. 10

17. (a) Burial (b) Date thereof 12-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2067 E. Can. Highway

18. (a) Signature of funeral director George J. Simon

(b) Address Wilmington Mo

19. (a) 12-4-42 (b) Madge Wood
(Date received local registrar) (Registrar's signature)

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)

(i) Means of injury _____

23. Signature R. H. Taylor (M. D. or other)

Address Wilmington Mo Date signed 12-4-42

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RECEIVED

District Health Officer No. 10

District File Number 1-43-4145

Date Filed Jan 5 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, ME

Registered Apprentice No. _____

working under my personal supervision.

Signed

George Livan

Licensed Embalmer No. 1754

P. O. Address Hummel 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.