

Registration District No. 143

Primary Registration District No. 4232

1. PLACE OF DEATH: HOWELL

(a) County HOWELL

(b) City or town WILLOW SPRINGS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 years (Specify whether years, months or days)

In this community 70 years

2. USUAL RESIDENCE OF DECEASED: 46

(a) State MISSOURI (b) County HOWELL

(c) City or town WILLOW SPRINGS 0  
(If outside city or town limits, write "RURAL")

(d) Street No. .... (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME VICTORIA LIGHT PATTERSON

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

4. Sex F. 5. Color or race W 6. (a) Single, widowed, married, divorced 2 WIDOW

6. (b) Name of husband or wife THOMAS PATTERSON 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased APRIL 17 1865  
(Month) (Day) (Year)

|         |           |          |           |                      |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years     | Months   | Days      | If less than one day |
|         | <u>77</u> | <u>8</u> | <u>24</u> | ..... hr. .... min.  |

9. Birthplace KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

12. Name WILLIAM LIGHT

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

14. Maiden name PAMALIA ANN HUNT

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

16. (a) Informant Mrs. Martin Hansen

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof 1/13/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Spgs. C. T. CEMETERY

18. (a) Signature of funeral director J. J. Burns

(b) Address Willow Springs, Mo.

19. (a) 1-13-43 (b) Donetta Ferguson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11  
year 43 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from 6-15-1938 to 1-11-1943  
that I last saw her alive on 1-11-1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of liver 1 1/2  
124 hr

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

Major findings: Arteriosclerosis

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 G. Callihan (M. D. or other)  
Address Willow Springs, Mo. Date signed 1-13-43

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

46  
2  
0

MOTHER FATHER

RECEIVED

District Health Officer No 5

District File Number 24368

Date Filed 2-6-43

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

*J. C. Burns*

Licensed Embalmer No.

3379

P. O. Address

*Willow Springs, 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.