

FILED FEB 9 1943 84

Registration District No. _____

Primary Registration District No. 3039

Registrar's No. 47

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

1. PLACE OF DEATH: Pinn
 (b) City or town Marceline
 (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 2 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Adelva Patterty
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife Thomas Patterty alive _____ years
 7. Birth date of deceased March - 4 - 1872
 (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Chariton Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER
 12. Name Ed W. Woolridge
 13. Birthplace Chariton Co. Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Potter
 15. Birthplace Chariton Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Patterty
 (b) Address Marceline Mo.

17. (a) Burial (b) Date thereof Jan 17 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cemetery

18. (a) Signature of funeral director James M. Laughlin
 (b) Address Marceline Mo.

19. (a) 1-20-1943 (b) N. W. Cannon
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Pinn
 (c) City or town Marceline
 (If outside city or town limits, write "RURAL")
 (d) Street No. E. Wells
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 15
 year 1943 hour 2 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sep 22 42 to Jan 15 43
 that I last saw him alive on Jan 15 43
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Chronic myocarditis
 Due to _____
 Due to _____

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

Major findings: 93d
 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? _____

23. Signature John W. Olsen (Specify type of place) _____ (M. D. or other)
 Address Marceline Mo. Date signed 1-18-43

Duration 3 da.
5 yrs.
 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

Blanche McLaughlin

Licensed Embalmer No.

1909

P. O. Address

Marceline 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.)

1 If this body is not embalmed, fact should be so stated above.