No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 9 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

2785

State File No.

Registration District No. 187

Primary Registration District No. 5695

Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chula Rural Creamridge
(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
In this community lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Chula Rural 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) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Henry Patterson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race W.

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

6. (b) Name of husband or wife Matilda Patterson

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 24 (Day) 1867 (Year)

8. AGE: Years 75 Months 5 Days 18 If less than one day hr. min.

9. Birthplace Vanburen Co. (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

FATHER
12. Name Robert Patterson
13. Birthplace Not known (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Catherine Hamilton
15. Birthplace Not known (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant [illegible] Patterson
(b) Address Olathe Kan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 14 1943 (Month) (Day) (Year)
(c) Place: burial or cremation May Cemetery

18. (a) Signature of funeral director E. J. Robertson
(b) Address Laredo Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12th year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 11, 1943, to Jan 12th, 1943; that I last saw him alive on Jan 12, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	
Due to Lobar Pneumonia	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature D. K. McCrea (M. D. or other) [illegible]
Address Chula, Mo. Date signed 1-14-43

458

(Licensed Embalmer's Statement on Reverse Side)

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 V. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Jarrdo, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2785

Registration District No. 187 Primary Registration District No. 5695 Registrar's No. 6

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chula Rural Green Ridge
(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 Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston
(c) City or town Chillicothe (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Chula, Rural
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Henry Patterson
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Matilda Patterson
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July (Month) 24 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
75	5	18	min.

9. Birthplace Vanburne County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Some
FATHER
12. Name Robert Patterson
13. Birthplace Not Known (City, town, or county) Ohio (State or foreign country)
MOTHER
14. Maiden name Catherine Hamilton
15. Birthplace Not Known (City, town, or county) Ohio (State or foreign country)
16. (a) Informant J. L. Patterson
(b) Address Olatha Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan (Month) 14 (Day) 1943 (Year)
(c) Place: burial or cremation May Cemetery
18. (a) Signature of funeral director E. J. Robertson
(b) Address Laredo Missouri
19. (a) Jan 16-1943 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1943 hour 4 minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan 11 1943 to Jan 12 1943
that I last saw h. alive on Jan 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
My Cournal failure	
Due to Labor Pneumonia	3 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (c) Means of injury
23. Signature D. K. McCrear (M. D. or other)
Address Chula Missouri Date signed 1-14-43