

FILED FEB 11 1943

Registration District No. 295

Primary Registration District No. 6014

Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County RANDOLPH
(b) City or town YATES - Mountain View
(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 ✓
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Yates
(If outside city or town limits, write "RURAL")
(d) Street No. Yates
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME WILLIAM S. PATTERSON.

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

20. DATE OF DEATH: Month December day 28
year 1942 hour 5:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from November 1 1942 to November 28 1942
that I last saw alive on Dec 28
and that death occurred on the 28 and hour stated above.

Immediate cause of death Labor pneumonia
Duration 5 days

4. Sex M 5. Color or Trace W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife WIFE JULIA B. PATTERSON 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased OCTOBER 24 1861
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation FARMER.

11. Industry or business _____

MOTHER FATHER
12. Name THOMAS PATTERSON.
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)
14. Maiden name ALVINA FERBUSAN
15. Birthplace CHARITON COUNTY MO (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Patterson
(b) Address Beverlyfield Cal.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 30 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Phogage mo

18. (a) Signature of funeral director S. S. Miller
(b) Address Highway mo

19. (a) 1-15-43 (Date received local registrar) (b) Mrs. P. Odum (Registrar's signature)

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?

While at work? (Specify type of place) (e) Means of injury 1

23. Signature [Signature] (of other) _____
Address [Address] Date signed 12-29-42

RECEIVED

District Health Officer No. 10

District File Number 2-43-244

Date Filed FEB 10 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 EW Fremont

Licensed Embalmer No. 3978

P. O. Address Glasgow 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.