

FILED APR 5 1943

Registration District No. 218

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: ST JOSEPH'S HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS (Specify whether years, months or days)

3. (a) PRINT FULL NAME DAISY JOHNSON PATTERSON

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, Widowed

6. (b) Name of husband or wife W. O. Patterson 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased JULY 25 1897  
(Month) (Day) (Year)

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

65 7 19 hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSE WIFE

11. Industry or business HER HOME

MOTHER FATHER { 12. Name DAVID E JOHNSON

13. Birthplace CHARITON Co., MO.  
(City, town, or county) (State or foreign country)

14. Maiden name BETTY NICKERSON

15. Birthplace CHARITON Co., MO.  
(City, town, or county) (State or foreign country)

16. (a) Informant Sam Johnson

(b) Address Brunswick Mo.

17. (a) Removal (b) Date thereof Mar 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabery Cemetery

18. (a) Signature of funeral director W. H. Beckwith

(b) Address Glasgow Mo.

19. (a) Mar 15 - 43 (b) Dr. Chas. Winn  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton

(c) City or town Forest Green  
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 3 day 13  
1943 hour 2 minute 2 M.

21. I hereby certify that I attended the deceased from March 5, 1943, to Mar 13, 1943, that I last saw her alive on Mar 12, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration Two

Due to Cardiorenal disease  
Chronic interstitial nephritis

Due to Generalized arteriosclerosis  
Sclerosis

Other conditions 131

Major findings: None performed PHYSICIAN \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Report not complete 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? \_\_\_\_\_

23. Signature [Signature] (M. D. or other) MD

Address Boonville, Mo. Date signed 3/13/43

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-2-43

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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. Walker Audsley*

Licensed Embalmer No. 33360

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, above space should be left blank.