

FILED APR 22 1943

State File No. _____

Registration District No. 333

Primary Registration District No. 3094

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott

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

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

(d) Length of stay: In hospital or institution. 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Morehouse
(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 _____

3. (a) PRINT FULL NAME Flavia B. Patterson

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 31
year 1943 hour 4 minute 30 a.m.

21. I hereby certify that I attended the deceased from 3-20 to 3-31
that I last saw him alive on 3-31 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife B. E. Patterson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased. 8 (Month) 5 (Day) 1885 (Year)

Immediate cause of death: Coronary thrombosis of head of Perceay

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

57	6	26	_____ hr. _____ min.
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Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) H6g

9. Birthplace Wabash Co. Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation nurse

11. Industry or business _____

MOTHER FATHER { 12. Name J. W. P. Barnett

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

14. Maiden name unknown

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant B. E. Patterson

(b) Address Morehouse Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/43
(Month) (Day) (Year)

(c) Place: burial or cremation Morley Mo.

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

(b) Address Sikeston Mo.

19. (a) 4-20-43 (Date received local registrar) (b) Louise Largent (Registrar's signature)

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 John James (M.D. or other) _____

Address Morehouse Mo. Date signed 4-2-43

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

131A

RECEIVED

District Health Office No. 2,

District File Number 443-557

Date Filed 4-21-43

VS
APR 2
1958

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.....

.....embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Hunter Albright*

Licensed Embalmer No. 4210

P. O. Address Wikeston 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.