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rev. 5-17-38  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 13 1943

Registration District No. ....

Primary Registration District No. 3000

Registrar's No. 229

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: Grim-Smith Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 58

(a) State Missouri (b) County Linn

(c) City or town Purdin, (Rural)  
(If outside city or town limits, write "RURAL") 0

(d) Street No. .... (If rural, give location) 0

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: /

3. (a) PRINT FULL NAME Elsie Patterson

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased November 3, 1879  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>9</u>	<u>25</u>	hr. min.

9. Birthplace Linn County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business           

12. Name Mathew Penhale

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

14. Maiden name Charlotte E. Woodside

15. Birthplace Linn County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Patterson

(b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 8/31/1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem.

18. (a) Signature of funeral director Thorne Undt. Co.

(b) Address Linneus, Mo. (Wm. Jaylor)

19. (a) 8/31/43 (b) Mrs. J. D. Wynn  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28<sup>th</sup>  
year 1943 hour 11 minute 58 A.M.

21. I hereby certify that I attended the deceased from Aug 26<sup>th</sup>, 1943, to Aug 28<sup>th</sup>, 1943;  
that I last saw her alive on Aug 28<sup>th</sup>, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Postoperative shock Duration 2 hrs

Due to fatty necrosis of abdominal mesentery from pancreatitis 1 case

Due to Cholecystitis with stones 4 yrs

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Stones in the ducts with extensive abd. fatty necrosis.

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           

23. Signature George E. Grim (M. D. or other) MD  
Address Kirkville, Missouri Date signed 8-28-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 9-43-1497

Date Filed SEP 10 1949

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 Devin A. Taylor,

Licensed Embalmer No. 3761

P. O. Address Linneus, Missouri

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.