

FILED SEP 10 1943

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 714

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

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: 214 W. Madison /
(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)

In this community 52 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 214 W. Madison
(If rural, give location)

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

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3. (a) PRINT FULL NAME Walter D. Patterson

(b) If veteran, name war no

(c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1943 hour 9 minute 30 a. M.

4. Sex Male 5. Color or race White

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

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

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

7. Birth date of deceased April 19 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 20, 1943, to Aug 27, 1943
that I last saw him alive on Aug 27, 1943
and that death occurred on the date and hour stated above.

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

75 4 8 hr. _____ min.

Immediate cause of death Chronic Cataracts Heart Disease and Bronchial Asthma

Duration 5yrs

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

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 92d

10. Usual occupation retired

11. Industry or business Carpenter

Major findings: None

Of operations _____

Of autopsy None

MOTHER FATHER

12. Name W. M. Patterson

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

14. Maiden name Martha Goren

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. M. O'Day

(b) Address Springfield, Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(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? _____

17. (a) Burial (b) Date thereof Aug. 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

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

23. Signature Robert J. Williams (M. D. or other) 8/28/43

Address Springfield Mo Date signed 7

18. (a) Signature of funeral director H. H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 8-28-43 (b) R. W. Hambley
(Date received local registrar) (Registrar's signature)

DEC 19 1948

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.....

Walter E. Hamilton

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.

X