

ED OCT 13 1943

Registration District No. 157

Primary Registration District No. 3028

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
McCune Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 41 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 049
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mile west of Jasper, Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT Tena Fern Patterson
FULL NAME

3. (b) If veteran. None 3. (c) Social Security No. None
name war No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife Charley Patterson 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 28th. 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 4 24 hr. min.

9. Birthplace Jasper, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

11. Industry or business House Wife

12. Name ED. Smith
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Sunderland
15. Birthplace Unknown Iowa 1
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Patterson
(b) Address Jasper Mo.

17. (a) Burial (b) Date thereof Sept. 26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cem.
18. (a) Signature of funeral director Chas. J. Teeter
(b) Address Jasper, Mo.

19. (a) Sept. 24/43 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1943 hour 1:30 minute a M.

21. I hereby certify that I attended the deceased from Aug 30 1943 to Sept 22 1943
that I last saw h. ed. alive on Sept 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Shocks - delayed post operative 30 hrs
Cause undetermined
Due to Tumor of uterus, 2 yrs
benign - 56 h

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

Major findings:
Of operations Tumor of uterus
Of autopsy No cause for shock could be found. All organs normal.

Duration

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) Means of injury 0
23. Signature Russell Smith (M. D. or other) M.D.
Address Carthage, Mo Date signed 9-23-43

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

MOTHER FATHER

12-63

43-9-832

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 *Phas J. Tuter*
Licensed Embalmer No. *23-66*
P. O. Address *Jasper 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.