S. No. 2
M—2-43
5-17-39
F I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37795

FILED DEC 6 1943

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1222

1. PLACE OF DEATH:

(a) County Buchannan

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

(c) Name of hospital or institution: Missouri Methodist Hosp. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Few hours to (Specify whether

In this community Didn't live here years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Missouri~~ Kansas (b) County ~~Buchannan~~ 999 14

(c) City or town ~~St. Joseph~~ Highland 0 (If outside city or town limits, write "RURAL")

(d) Street No. ~~Missouri Methodist Hospital~~ (If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Elizabeth Patterson

3. (b) If veteran, name war None.

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

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

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years abt 38. Months Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

10. Usual occupation House wife

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Hospital record (City, town, or county) 9 (State or foreign country)

16. (a) Informant Hospital Record

(b) Address Missouri Methddist Hospital

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/7/1943 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Kans.

18. (a) Signature of funeral director Ramsey + Son

(b) Address 1602 Messanie St Joseph Mo

19. (a) 11-7-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1943 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from 11-6-43, 19..., to 11-7-43, 19...; that I last saw her alive on 11-6-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Shock — Duration few hours

Due to Body burns

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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) Ace 136

(b) Date of occurrence 11-6-43

(c) Where did injury occur? City - Highland Kans (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? Yes (e) Means of injury Burn

23. Signature Paul Forgan (M. D. or other)

Address St Joseph Mo Date signed 11-7-43

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(Licensed Embalmer's Statement on Reverse Side)

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

I. F. Ramsey, Registered Apprentice No.

working under my personal supervision.

Signed I. F. Ramsey

Licensed Embalmer No. 4081

P. O. Address 1602 Messanie St. Joseph

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.