

FILED DEC 9 1943
Registration District No. 970

Primary Registration District No. 5629

Registrar's No.

53
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County LACLEDE

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

(c) Name of hospital or institution:
PROSPERINE / MO
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 9 YRS. IN LACLEDE COUNTY
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County LACLEDE

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY LOUISE BRUMFIELD PATTON

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

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

6. (b) Name of husband or wife HENRY C. PATTON 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased JAN 3 1921
(Month) (Day) (Year)

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

22 10 1 hr. _____ min.

9. Birthplace DES MOINES IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

12. Name FOSTER E. ALLISON

13. Birthplace LACLEDE Co MO
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHY LINTECUMM

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

16. (a) Informant Foster E Allison

(b) Address PROSPERINE MO.

17. (a) BURIAL (b) Date thereof 11-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOUBA, CEM.

18. (a) Signature of funeral director PALMER'S

(b) Address LEBANON MO

19. (a) Dec 1-43 (b) Grace Roper
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4
year 1943 hour 12 MIDNIGHT M.

21. I hereby certify that I attended the deceased from Sept 15, 1943, to Nov 4, 1943
that I last saw her alive on Oct 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: terminal bronchial pneumonia Duration 3 days

Due to: generalized peritonitis 9 wks

Due to: infected abortion 11 wks

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: none 140 f

Of autopsy: none

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)
(a) Means of injury _____

23. Signature James R. Hope (M. D. or other) 0
Address Lebanon, Mo. Date signed 11/4/43

1090

Received

Laclede County Health Unit

File No. 11-43-159

Date Filed 12-8-43

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.....

P. Babner
Licensed Embalmer No. 1161

P. O. Address. Lebanon 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.