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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

38655

State File No.

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 123

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1215 Clay Street
(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 50 years

2. USUAL RESIDENCE OF DECEASED: 59
(a) State Livingston (b) County Missouri. 1
(c) City or town Chillicothe 9
(If outside city or town limits, write "RURAL")
(d) Street No. 400 Samuel Street
(If rural, give location)
(e) Citizen of foreign country? ~~No~~ Yes (Yes or No)
If yes, name country England 0

3. (a) PRINT FULL NAME Mary Elizabeth Patterson
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife F. M. Patterson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 17 (Day) 1861 (Year)

8. AGE: Years 82 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Lancashire, (City, town, or county) England (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Edward Whiteside
13. Birthplace Lancashire, (City, town, or county) England (State or foreign country)
MOTHER 14. Maiden name Ellen Banister
15. Birthplace Blaikpool (City, town, or county) England (State or foreign country)
16. (a) Informant Arthur A. Beever
(b) Address Avalon, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-'43 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood Cemetery
18. (a) Signature of funeral director F. B. Norman Co.
(b) Address Chillicothe, Missouri.
19. (a) Nov 20-43 (Date received local registrar) Lou Ella Cotta (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th. year 1943 hour 9 minute 35 A. M.
21. I hereby certify that I attended the deceased from July 1, 1940, to Nov. 18, 1943
that I last saw he alive on Nov. 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic interstitial Nephritis	5 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 13/a	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address Chillicothe Mo Date signed 11/18/43

78 8 (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

E. R. Norman, Registered Apprentice No.

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.