

S. No. 2
DM-2-39
5-13-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58037

State File No. _____

FILED DEC 17 1943

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 313

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Harrisburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Leveying Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 wks (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Harrisburg 3
(If outside city or town limits, write "RURAL") 7
(d) Street No. 1608 E. Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Arbelle Dor. Patterson
3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-07-7550

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th
year 1943 hour _____ minute 10⁴⁵ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Divorced
6. (b) Name of husband or wife Vallie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 25 1877
(Month) (Day) (Year)

Immediate cause of death arteriosclerotic myocarditis
Due to _____
Due to _____

8. AGE: Years 66 Months 7 Days 14 If less than one day hr. _____ min.

Other conditions arteriosclerotic nephritis
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace _____ (City, town, or county) MO 0 (State or foreign country)
10. Usual occupation La boxer
11. Industry or business Rubber Plant-International
12. Name Marcellus Patterson
13. Birthplace _____ (City, town, or county) INDIANA (State or foreign country)
14. Maiden name Alice Carter
15. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

22. If death was due to external causes, file 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 ?

16. (a) Informant James O'Donnel
(b) Address 1256 Janet Hamilton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 12-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Gravview Burial Park
18. (a) Signature of funeral director James O'Donnel
(b) Address San Diego
19. (a) 10-18-43 (Date received local registrar) (b) RW Connor (Registrar's signature)

23. Signature J. P. [unclear] (M. D. or other) _____
Date signed 10/15/43

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

4
3
4

MOTHER FATHER

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 *Michael J. McConney*.....

Licensed Embalmer No. *3246*.....

P. O. Address. *Anniston Ala*.....

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.