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P-1 X35897

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1944

Registration District No. 256

Primary Registration District No. 2001

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Jasper
(c) Name of hospital or institution: Freeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1802 Picher
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Bennett Patterson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased April 1 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 9 29 hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Student

12. Name R. L. Patterson

13. Birthplace Burlington Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Thena Bennett

15. Birthplace Shatter Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant R. L. Patterson

(b) Address 1802 Picher Joplin Mo.

17. (a) Burial (b) Date thereof Feb 1-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clark Memorial

18. (a) Signature of funeral director Thomhill Deller

(b) Address Joplin Mo.

19. (a) 2-1-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1944 hour 7:20 minute 9 A.M.

21. I hereby certify that I attended the deceased from 1-27, 1944, to 1-29, 1944
that I last saw him alive on 1-28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute pericarditis Duration _____

Due to septicemia from Psoas abscess.

Due to _____

Other conditions (include pregnancy within 3 months of death) 90%

Major findings: Of operations _____

Of autopsy Psoas abscess, clipp.

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) _____

(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 to go of place) (c) Means of injury _____

23. Signature [Signature] (M. D. _____)

Address 3075 S. 1st St Joplin Mo. Date signed 1/29/44

44-1-68

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..... *Cesilia Hornhill*.....

Licensed Embalmer No..... *3590*.....

P. O. Address..... *Joplin 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.