S. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

7311

State File No.

Registration District No. 140

Primary Registration District No. 4229

Registrar's No. 13

**1. PLACE OF DEATH:**

(a) County HOWARD.

(b) City or town NEW FRANKLIN MO.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether
In this community 11 yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 45

(a) State MISSOURI (b) County HOWARD 3

(c) City or town NEW FRANKLIN MO. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ARTHUR HUNT PATTERSON

3. (b) If veteran, name war SPANISH AMER. WORLD WAR I. 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of husband or wife MAYME A. PATTERSON. 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Mar. (Month) 17 (Day) 1878 (Year)

8. AGE: Years 65 Months 11 Days 0 If less than one day hr. min.

9. Birthplace ST. PAUL (City, town, or county) MINN. (State or foreign country) /

10. Usual occupation RETIRED R.R. SWITCHMAN.

11. Industry or business R.R. Co.

FATHER
12. Name NOT KNOWN
13. Birthplace (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name NOT KNOWN
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country) 9

16. (a) Informant
(b) Address New Franklin Mo.

17. (a) Mt Pleasant (Burial, cremation, or removal) (b) Date thereof 2/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant.

18. (a) Signature of funeral director G. S. Dunn Con.
(b) Address New Franklin Mo.

19. (a) 2-24-1944 (Date received local registrar) (b) Ernest McMillan (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 17
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Feb 17, 1944 to Feb 17, 1944
that I last saw him alive on Feb 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis — Duration unknown

Due to

Due to

93 el

Other conditions asthma 5 to 10 yrs.
(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) —
(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 G. L. Chamberlain (M. D. ~~or other~~)
Address New Franklin Mo Date signed 2-22-44

1321

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Vital Statistics Officer No. 8,
District File Number 2-29-44
Date Filed

MAR 1 1944

FEB 14 1945

**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 L. L. Lowell

Licensed Embalmer No. 3515

P. O. Address New Franklin

**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.**