S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7448

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 128

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 2620 E. 3rd St; /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 44 years.
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. 2620 E. rd St
(If rural, give location)

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

If yes, name country /

3. (a) PRINT FULL NAME Udia V. Patterson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex fem

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles A. Patterson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct. 20, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Carroll Co. ~~Mo.~~ Ind
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John W. Smith
13. Birthplace Carroll Co; Indiana /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amelia Bauhm
15. Birthplace Delphi Indiana; /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. V. Safers
(b) Address 2620. E.3rd St; /

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-44, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;
(b) Address Joplin Mo;

19. (a) 3-3-44 (Date received local registrar) (b) Gertrude Sudhauter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29
year 1944 hour 9:45 A. M. minute M.

21. I hereby certify that I attended the deceased from June 10, 1940, to 2/29, 1944
that I last saw her alive on 2-29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension Uremia — Duration 2 yrs

Due to Nephritis — 1 yr

Due to

Other conditions None 131 P
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

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) No

(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 [signature] (M.D. or other)

Address [illegible] Joplin Mo Date signed 3/29/44

(Licensed Embalmer's Statement on Reverse Side)

44-2-191

APR 5 1946

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 Perry K. Hurlbut

Licensed Embalmer No. 959

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.