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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 155

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18370

Primary Registration District No. 5579

Registrar's No. 5

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

900

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Alba Mineral Tr.
(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 years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Alba
(If outside city or town limits, write "RURAL")

(d) Street No. - - - 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country - - - 0

3. (a) PRINT FULL NAME Minnie May 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 J. H. Patterson

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

7. Birth date of deceased May (Month) 24 (Day) 1870 (Year)

8. AGE: Years 73 | Months 11 | Days 22 | If less than one day ___ hr. ___ min.

9. Birthplace Cherokee (City, town, or county) Kansas (State or foreign country)

10. Usual occupation At Home

11. Industry or business None

FATHER
12. Name Thomas W. Hope
13. Birthplace Louden County (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sarah V. Guthridge
15. Birthplace Ross County (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Ray Patterson
(b) Address Alba, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Missouri

19. (a) May 12 1944 (Date received local registrar) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1944 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Past 20 yrs, 19__, to May 10, 1944; that I last saw her alive on May 9 th, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure due to Mitral Insufficiency

Due to Probably due to Arthritis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

92 P

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 [signature] (M. D. or other)
Address Neck City, Mo. Mayo 10 Date signed 5/10/44

(Licensed Embalmer's Statement on Reverse Side)

44-5-476

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.....Emm R Knell

Licensed Embalmer No.....391

P. O. Address.....Carthage

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.