V. S. No. 2
100M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24224

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 238

12
7
3

1. PLACE OF DEATH:

(a) County BUTLER

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

(c) Name of hospital or institution: LUCY LEE HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DAYS (Specify whether
In this community [redacted] 24 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER 12

(c) City or town POPLAR BLUFF 2
(If outside city or town limits, write "RURAL")

(d) Street No. 621 PARK AVE.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME HAROLD EDWARD PATTERSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased JUNE (Month) 16 (Day) - 1944 (Year)

8. AGE: Years | Months | Days 24 | If less than one day hr. min.

9. Birthplace POPLAR BLUFF (City, town, or county) 0 MO (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name PAUL PATTERSON
13. Birthplace MOARK (City, town, or county) | ARK (State or foreign country)

MOTHER
14. Maiden name LEVADA LANCE
15. Birthplace BERNIE (City, town, or county) 0 MO (State or foreign country)

16. (a) Informant Paul Patterson
(b) Address 621 Park ave Poplar Bluff MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 11 1944 (Month) (Day) (Year)
(c) Place: burial or cremation WOODLAWN CEM

18. (a) Signature of funeral director N. F. Phelps
(b) Address Poplar Bluff MO

19. (a) 7-24-44 (Date received local registrar) (b) Belle Kerne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 10"
year 1944 hour 12 minute 10 P M.

21. I hereby certify that I attended the deceased from July 9, 1944 to July 10, 1944
that I last saw him alive on July 10, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Asphyxiation	
Due to Cardiac failure	
Due to Colitis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

119a

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 0

23. Signature A. D. Markel M.D. (M. D. or other)

Address Date signed

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 844-103
Date Filed 8-3-44

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.....

Licensed Embalmer No. 3231

P. O. Address Poplar Bluff 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.