

FILED MAR 14 1945
 Registration District No. 329

Primary Registration District No. 44-72-3071

Registrar's No. 10

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

1. PLACE OF DEATH: Saline
 (a) County Saline
 (b) City or town Slater
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 20 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Saline 97
 (c) City or town Slater 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Mary Frances Patterson
 3. (b) If veteran, no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 2nd
 year 1945 hour 9 minute 20 P.M.
 21. I hereby certify that I attended the deceased from March 1945 to March 1945
 that I last saw her alive on March 2, 1945
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased November 30 1892
 (Month) (Day) (Year)

Immediate cause of death: Cerebral hemorrhage
 Due to: Essential hypertension, Chronic myocarditis
 Duration: 3 hrs
 Years: 2 yrs

8. AGE: Years 52 Months 3 Days 2
 If less than one day hr. min.

9. Birthplace Winchester Ill.
 (City, town, or county) (State or foreign country)
 10. Usual occupation housewife

Other conditions: (Include pregnancy within 3 months of death)
 Major findings: Of operations 930
 Of autopsy
 PHYSICIAN: Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name Harvey Hankins
 13. Birthplace Ill.
 14. Maiden name Margaret Duncan
 15. Birthplace Ill.

16. (a) Informant Mrs. Lena Perchal
 (b) Address Los Angeles, Cal.

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?

17. (a) (Burial, cremation, or removal)
 (b) Date thereof Mar 5 1945
 (Month) (Day) (Year)
 (c) Place: burial or cremation Slater Cemetery
 18. (a) Signature of funeral director Hill Brothers, Slater, Mo.
 (b) Address
 19. (a) Mar 8-45 (b) Mrs. John Gager
 (Date received local registrar) (Registrar's signature)

23. Signature: J. M. Durney M.D.
 Address: Slater, Mo. Date signed 3/16/45

1211

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3/13/45

MAR 23 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 _____

Sam M Hill

Licensed Embalmer No. _____

1292

P. O. Address _____

State 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.