

Registration District No. **289**

Primary Registration District No. **5982**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Talbot**

(b) City or town **Pleasant Hope (Rural)**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **2 Miles S. of Pleasant Hope**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community **4 3/4 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jack**

(c) City or town **Pleasant Hope (Rural)**
(If outside city or town limits, write "RURAL")

(d) Street No. **2 Miles S. of Pleasant Hope**
(If rural, give location)

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

If yes, name country **None**

3. (a) PRINT FULL NAME: **Herschel Patter**

3. (b) If veteran name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month **May**, day **26**, year **1945** hour **10:30** minute **2** M.

21. I hereby certify that I attended the deceased from **May 24**, 19**45** to **May 26**, 19**45**; that I last saw him alive on **May 24** and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Marguerite Patter** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Mar. 26, 1875**
(Month) (Day) (Year)

Immediate cause of death **Cerebral apoplexy** **2 day** Duration

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
70	2	0	hr. _____ min.

9. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farming**

MOTHER FATHER 12. Name **W. H. F. Patter**

13. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Amanda Patter**

15. Birthplace **Greene County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. H. Patter**

(b) Address **Pleasant Hope MO**

17. (a) **Burial** (b) Date thereof **May 29 1945**
(City, town, or county) (Month) (Day) (Year)

(c) Place of burial or cremation **Cemetery near Osceola MO**

18. (a) Signature of funeral director **W. L. Hillard**

(b) Address **Pleasant Hope, MO**

19. (a) **May 28 45** (b) **Estelle Benton**
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

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) _____

(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 **A. M. Crow** (M. D. or other)

Address **Balivan** Date signed _____

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

4
6
0

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 Edward P. Erwin

Licensed Embalmer No. 3092

P. O. Address Baldwin 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.