

FILED AUG 10 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 77

1. PLACE OF DEATH:

(a) County St Francois

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 68 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Francois Mo

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

(d) Street No. _____ (If rural, give location) _____

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Susie Patterson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F / 5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 22 1917
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Desloge ma 0
(City, town, or county) (State or foreign country)

10. Usual occupation Care of home

11. Industry or business _____

MOTHER FATHER { 12. Name Frank E. Wells

13. Birthplace Dart County ma 0
(City, town, or county) (State or foreign country)

14. Maiden name Susan Hiltman

15. Birthplace St Francois Co ma 0
(City, town, or county) (State or foreign country)

16. (a) Informant Luvin E. Green

(b) Address Desloge ma

17. (a) Burial (b) Date thereof 6 12 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Francois mo

18. (a) Signature of funeral director C. Z. Boyer

(b) Address Desloge ma

19. (a) 7/7/45 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1945 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 26, 1945 to June 9th, 1945;
that I last saw her alive on June 9th, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: W69

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 W. D. Morris (M. D. or other) NO
Address Elvins, Mo Date signed 6-11-45

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

700

RECEIVED

District Health Officer No. 4
District File Number 845-948
Date Filed 8-9-45

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 C. J. Boyer
Licensed Embalmer No. 1671
P. O. Address Osage 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.