

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30328

State File No. _____

FILED OCT 10 1945

Registration District No. 59

Primary Registration District No. 4099

Registrar's No. _____

1. PLACE OF DEATH: Cass
 (a) County Cass
 (b) City or town Pleasant Hill
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 327 N. Randolph
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 55 years
(Specify whether years, months or days)
 In this community _____

2. USUAL RESIDENCE OF DECEASED:
Missouri
 (a) State Missouri (b) County Cass 19
 (c) City or town Pleasant Hill 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 327 N. Randolph 0
(If rural, give location)
 (e) Citizen of foreign country? no 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Maude Rebeca Patterson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 29
 year 1945 hour 3 minute Q.M.
 21. I hereby certify that I attended the deceased from Aug. 28, 1945, to Sept. 29, 1945
 that I last saw her alive on Sept. 28, 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 widowed
 6. (b) Name of husband or wife Andrew Patterson 6. (c) Age of husband or wife if alive 13 years 1882
 7. Birth date of deceased: Dec (Month) 13 (Day) 1882 (Year)

Immediate cause of death Carcinoma of Cervix Duration 5 yrs

8. AGE: Years 62 Months 9 Days 15 If less than one day _____ hr. _____ min.

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

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

Major findings: Of operations 4/90 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name John Moore
 13. Birthplace Tulon Ill. (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Galbrith
 15. Birthplace Phil. Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Donail Patterson
 (b) Address North Kansas City, Mo.
 17. (a) Burial (b) Date thereof 9-30-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Hill, Mo.

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? _____

18. (a) Signature of funeral director Allen Brownfield
 (b) Address Pleasant Hill, Mo.
 19. (a) Oct. 3-45 (b) Diana J. Jones
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Pleasant Hill, Mo. Date signed 9-29-45

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

1433

JUL 27 1950

OCT 27 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.....

By me 9-29-45:

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Allen Brownfield

Licensed Embalmer No.

37815

P. O. Address

Pleasant Hill

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.