

STANDARD CERTIFICATE OF DEATH

Registration District No. 82

Primary Registration District No. 3017

State File No. 33614

Registrar's No. 116

1. PLACE OF DEATH

(a) County Cooper
(b) City or town Barnes Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howard
(c) City or town New Franklin Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. N. Howard St.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALICE MAYME PATTERSON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 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 17, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 5 27 hr. min.

9. Birthplace New Franklin Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name James Martin Settle
13. Birthplace Monroe Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Aura Van Grisdale
15. Birthplace Monroe Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant J. Hamilton Settle
(b) Address New Franklin Mo.

17. (a) removal (b) Date thereof 10-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pleasant

18. (a) Signature of funeral director C. S. Hunsicker
(b) Address New Franklin Mo.

19. (a) Oct 26-1945 (b) Clay Morris
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1945 hour 8 minute a M.

21. I hereby certify that I attended the deceased from Oct 11, 1945 to Oct 13, 1945
that I last saw her alive on Oct 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Cerebral hemorrhage Duration 3 day
Due to Cerebral arteriosclerosis unknown

Due to _____

Other conditions senile dementia
(Include pregnancy within 3 months of death)

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 J. J. Chamberlain (M. D. physician)
Address New Franklin Mo Date signed 10-16-45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-31-42

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. 3515

P. O. Address New Franklin, W. Va.

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.