

FILED DEC 29 1945

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Ferkaulla  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Laughlin Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)  
In this community \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. MARY A. 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 February 19 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 5 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jasper Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Henry H. Battenfield

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Johnson

15. Birthplace Portsmouth Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Barbara Cobb

(b) Address Ferkaulla, Mo.

17. (a) Burial (b) Date thereof Nov. 26 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Queen City Cemetery

18. (a) Signature of funeral director Wm H West

(b) Address Queen City Mo

19. (a) 11-25-45 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler  
(c) City or town Queen City  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24  
year 1945 hour 7 minute 35 A.M.

21. I hereby certify that I attended the deceased from November 20th 1945 to Nov. 24 1945  
that I last saw him alive on Nov. 24 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Surgine shock  
internal injuries and  
multiple fractures  
Due to Auto accident 11/20/45  
Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Nov 20, 1945

(c) Where did injury occur? Queen City, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While crossing street in Queen City  
(Specify type of place)

While at work \_\_\_\_\_ (e) Means of injury Struck by auto

23. Signature Carl Laughlin (M. D. or other) Do.

Address Ferkaulla Mo Date signed 11/24/45

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

RECEIVED

District Health Officer No. 10

District File Number 12-45-1878

Date Filed DEC 20 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 Self,  
Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed

Wm. J. West

Licensed Embalmer No.

2882

P. O. Address

Lawrence City 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.