DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41506

FILED DEC 29 1945

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Granby 1
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mary Elizabeth Patterson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex f 2
5. Color or race C
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife James Patterson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 15, 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Robert Norris
13. Birthplace Virginia 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lucy Buckman
15. Birthplace Tennessee 1
(City, town, or county) (State or foreign country)

16. (a) Informant James Patterson
(b) Address Granby, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery
18. (a) Signature of funeral director PARKER HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 12-5-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4 year 1945 hour 3 minute 45 a.m.
21. I hereby certify that I attended the deceased from Nov 22 1945 to Dec 4 1945 that I last saw him alive on Dec 2 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymph Epithelioma of Neck	5 Mo
Due to	
Due to	
Other conditions (Includes 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? Means of injury

23. Signature [illegible] (M. D. or other)
Address Joplin Mo Date signed 12-5-45

1604 (Licensed Embalmer's Statement on Reverse Side)

#5-12-979

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.