

FILED APR 22 1946

Registration District No. 378

Primary Registration District No. 4551

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Hartsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years
years, months or days

3. (a) PRINT FULL NAME Marttha Jane Patterson

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Wm Patterson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 28 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace Douglas Co Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Andrew Sec
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Daniels
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maud Wheeler
(b) Address Hartsville, Mo.

17. (a) Burial (b) Date thereof 1-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Zion Cem.

18. (a) Signature of funeral director Gene D. Alden
(b) Address Hartsville, Mo.

19. (a) Mar. 10, 1946 (b) E. J. Garrison
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wright 14
(c) City or town HARTVILLE
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1946 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from Jan 3
1946 to Jan 18 1946
that I last saw her alive on Jan 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 3 days
Due to Senility - Spontaneous
Due to _____

Other conditions _____
(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?

While at work? _____ (Specify type of place) Means of injury _____

23. Signature Arthur D. Alden (M.D. or other)
Address Hartsville, Mo. Date signed 1-19-46

RECEIVED

District Health Officer No. 6;

District File Number 446-505

Date Filed APR 17 1946

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 Gene E. Aldren
Licensed Embalmer No. 3865
P. O. Address Hartsville, 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.