

FILED AUG 19 1946

Registration District No. 222

Primary Registration District No. 5801

1. PLACE OF DEATH

(a) County Monroe
(b) City or town Rural Woodland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.F.D. 1 Jacksonville
(If in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Seven years

3. (a) PRINT FULL NAME

IBERA LINN PATTON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married Married
6. (b) Name of husband or wife P.L. Patton
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November-21-1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 0
If less than one day hr. min.

9. Birthplace Monroe City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name J. S. Lilly
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sue Walker
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant P.L. Patton

(b) Address R.F.D. 1 Jacksonville, Mo.

17. (a) Burial (b) Date thereof July-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Phillips Cemetery

18. (a) Signature of funeral director Howe Funeral Home

(b) Address Howe Funeral Home

19. (a) Aug 2, 1946 (b) Chie Latta
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. RFD 1 Jacksonville (If rural, give location)
(e) Citizen of foreign country? None (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1946 hour 8 minute 30 P M.
21. I hereby certify that I attended the deceased from July 19 to July 20, 1946
that I last saw her alive on July 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 days

Due to
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) (By Means of injury)

23. Signature Dr. L. L. Latta (M. Prior other)
Address Lawrence, Mo Date signed July 24, 1946

RECEIVED
District Health Officer No. 10
District No. 8-46-1525
BOS. FILED AUG 14 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 R. M. Cate

Licensed Embalmer No. 4117

P. O. Address Inverly 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.