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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31032

FILED SEP 19 1946

Registration District No. 238 Primary Registration District No. 4355 Registrar's No. 163

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

**1. PLACE OF DEATH:**

(a) County New Madrid

(b) City or town New Madrid
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community Life
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County New Madrid

(c) City or town New Madrid
(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 No

**3. (a) PRINT FULL NAME** MOSREAN Patterson

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex F. 1

5. Color or race N

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Wesley Patterson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 4 - 1894
(Month) (Day) (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 52 | 6 | 24 | hr. min. |

9. Birthplace Mound City Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business ✓

FATHER
12. Name Joseph Cook
13. Birthplace Mound City Ill. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unk
15. Birthplace unk unk 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mamerina Mayfield
(b) Address New Madrid

17. (a) Burial (b) Date thereof Sept 1 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sand Hill

18. (a) Signature of funeral director Richards Und Co.
(b) Address New Madrid Mo.

19. (a) Sept 12-46 (b) Helen Loud Jones
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Aug day 28
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 26, 1946, to Aug 28, 1946
that I last saw her alive on Aug 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93A

Duration

**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 0

23. Signature O.B. Chandle (M. D. or other) MD

Address New Madrid Mo Date signed 8/31/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 946-1133
Date Filed 9-18-46

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**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 T. J. Collins

Licensed Embalmer No. 4346

P. O. Address New Madrid, 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.**