

FILED APR 8 1947

Registration District No. **78**

Primary Registration District No. **4159**

Registrar's No. **29**

1. PLACE OF DEATH:
 (a) County Daviess
 (b) City or town Pattonburg
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community the town
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Daviess 31
 (c) City or town Pattonburg MO
(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 _____

3. (a) PRINT FULL NAME Fannie M. Bamer
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. 498-24-9848

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 2 day 9
 year 1947 hour 2 minute 50 P.M.
 21. I hereby certify that I attended the deceased from Jan 20
1947 to Feb 9 1947
 that I last saw h. Ev alive on Feb 9 1947
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race w
 6. (a) Single, widowed, married, divorced Divorced
 6. (c) Age of husband or wife if alive: 25 years
 7. Birth date of deceased: July 25 1870
(Month) (Day) (Year)

Immediate cause of death: Pneumonia
 Duration _____

8. AGE: Years 76 Months 6 Days 14
 If less than one day hr. _____ min. _____

Due to Spinal Curvature
Extensive

9. Birthplace MO
(City, town, or county) (State or foreign country)
 10. Usual occupation House wife

Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name Willis Dickey
 13. Birthplace East Branch Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret M. Dickey
 15. Birthplace Not known
(City, town, or county) (State or foreign country)
 16. (a) Informant Mr RR Massey
 (b) Address 2346 Myrtle R.C. MO
 17. (a) Burial (b) Date thereof 2-11-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation 000th
 18. (a) Signature of funeral director Ed Schomer
 (b) Address Pattonburg MO
 19. (a) 2-25-47 (b) Virginia Engelhardt
(Date received local registrar) (Registrar's signature)

Major findings: 12
 Of operations _____
 Of autopsy _____
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) (e) Means of injury _____
 23. Signature John H. ... (M. D. or other)
 Address Pattonburg Date signed Feb 11 1947

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

EB 201948

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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

W. G. Gomer

Licensed Embalmer No. *2857*

P. O. Address *Pattonsburg IN*

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.

Registration District No. 98

Primary Registration District No. 4159

1. PLACE OF DEATH:

(a) County Daviess
(b) City or town Pattersonburg
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

3. (a) PRINT FULL NAME Jessie M. Bane

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Mar

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 76 Months _____ Days _____ (If less than one day, hr. _____ min. _____)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 9
year 1917 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

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) (e) Means of injury _____

23. Signature Jesse Z. Harker (M. D. or other) _____
Address Pattersonburg Mo Date signed 4/10/18

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

SUPPLEMENTARY

J Parker ?
Patterson

8446