

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 34 yrs 3 mo 23 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bates  
(c) City or town Rich Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. rural (If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME EVA - RATEKIN.

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

4. Sex female 5. Color or race wh. 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

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

8. AGE: Years 56 Months - Days - If less than one day - hr. - min.

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

10. Usual occupation none

11. Industry or business none

12. Name L. G. Patekin

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

14. Maiden name Dora Snoddy

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

16. (a) Informant Records State Hosp 3 (b) Address Nevada Mo.

17. (a) Burial (b) Date thereof 3/11/47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cemetery

18. (a) Signature of funeral director Paul L. Barone (b) Address Rich Hill, Mo.

19. (a) 3-11-47 (b) Paul L. Barone (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1947 hour 9 minute 25A M.

21. I hereby certify that I attended the deceased from Oct 1939 to March 10, 1947. that I last saw her alive on March 10, 1947. and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Ovary with metastasis.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: PT operated for the Cancer Oct 3, 1946.  
Major findings: none  
Of operations: none

Of autopsy: none 4917

22. If death was due to external causes, fill in the following: No!

(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? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Paul L. Barone (M. D. or other) Address State Hosp 3 Date signed March

Duration

7 mo

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6  
0  
0

521

RECEIVED  
District Health Officer No. 7,  
District File Number 2-47-277  
Date Filled 3-17-49

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 \_\_\_\_\_

Harold M. Douglas, Registered Apprentice No. 410  
working under my personal supervision.

Signed John G. Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler 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, above space should be left blank.