

No. 2
-12-45
5-17-39
I X47070

FILED DEC 12 1947
Registration District No. **28**

Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1258 E. Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 78 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1258 E. Elm
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Hattie Amada Patterson
(b) If veteran, name war None
(c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 1st
year 1947 hour 6:30 minute A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 1869 years

21. I hereby certify that I attended the deceased from Jan. 11 1947 to Dec. 1 1947
that I last saw her alive on Nov. 30 1947
and that death occurred on the date and hour stated above.

7. Birth date of deceased: August 26, 1869
(Month) (Day) (Year)

Immediate cause of death:
Coronary Artery occlusion 3 days
due to Hypertensive cardiac vascular dis.
Due to Coronary Artery sclerosis?
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
78 3 5 hr. min.

Major findings:
Of operations 937
Of autopsy

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

10. Usual occupation Retired
11. Industry or business Bookkeeper
12. Name John A. Patterson
13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Sarah C. Heiskell
15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Dan L. Patterson
(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof 12/3/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery

23. Signature Arthur D. Knapp MD
While at work? No Means of injury 0
Address 1630 N. Jefferson Date signed 12-1-47

18. (a) Signature of funeral director Gorman-Scharpf Funeral Home
(b) Address Springfield, Missouri
19. (a) 12-3-47 (b) W E Handley MD
(Date received local registrar) (Registrar's signature)

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

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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

L. Leslie Gorman

Licensed Embalmer No. *3177*

P. O. Address

Springfield 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.