No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 9 1948

Registration District No. 0007

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3000

State File No. 3904

Registrar's No. 9

1. PLACE OF DEATH:
(a) County: BATES.
(b) City or town: Butler, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Butler Memorial Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week. (Specify whether
In this community: 70 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Bates. 7
(c) City or town: Rural, West Boone Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 Miles N/E Merwin Mo. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country: Does not apply.

3. (a) PRINT FULL NAME: BESSIE WINN PATCHIN

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, divorced: married

6. (b) Name of husband or wife: William Patchin.

6. (c) Age of husband or wife if alive: 82 years

7. Birth date of deceased: August (Month) 13. (Day) 1870. (Year)

8. AGE:

Years	Months	Days	If less than one day
77	5	5	hr. min.

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

10. Usual occupation: At Home.

11. Industry or business: Household Duties.

FATHER
12. Name: C. A. Winn,
13. Birthplace: New York. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Louisa Scott,
15. Birthplace: Illinois. (City, town, or county) (State or foreign country)

16. (a) Informant: Carl Patchin,
(b) Address: Merwin, Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 1/20/48. (Month) (Day) (Year)
(c) Place: burial or cremation: Sharon Cemetery.

18. (a) Signature of funeral director: [illegible]
(b) Address: Drexel, Missouri.

19. (a) 1/19/1948. (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 18 year 1948 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan. 14, 1948, to January 18, 1948 that I last saw her alive on Jan. 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None.	
Of autopsy: None.	

PHYSICIAN — Underline the cause of 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: E. E. Lehrman (M. D. ~~or other~~)
Address: Adrian, Missouri. Date signed 1/19/1948.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-195
Date Filed 3-8-48

AUG 5 1948

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~~ personally ~~Registered Apprentice No.~~ working under ~~my personal supervision~~

Signed [signature]
Licensed Embalmer No. 1950
P. O. Address Drexel, Missouri.

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.