FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8498

Registration District No. 137 | Primary Registration District No. 4218 | Registrar's No. 61

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Windsor (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Community Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 43 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Windsor 2 (If outside city or town limits, write "RURAL")
(d) Street No. 308 S. Main (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Miss Jessie Patten
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 Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 23 (Day) 1871 (Year)

8. AGE: Years 76 | Months 10 | Days 15 | If less than one day hr. min.

9. Birthplace Bourbon County Kentucky (City, town, or county) (State or foreign country)
10. Usual occupation Teaching (Retired)
11. Industry or business
FATHER
12. Name Hugh A. Patten
13. Birthplace Bourbon County, Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane M. Nesbit
15. Birthplace Bourbon County, Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant John A. Nesbit
(b) Address Montrose, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation Montrose, Missouri
18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo.
19. (a) 3-10-48 (Date received local registrar) (b) R. R. Kinney (Registrar's signature) 12

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 8 year 1948 hour 7 minute 45 a M.
21. I hereby certify that I attended the deceased from Mar 6 1948 19 , to Mar 7 1948 that I last saw her alive on Mar 7 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis | Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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
23. Signature H. Newall (M. D. or other) M.D.
Address Windsor Date signed 3/9/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-245
Date Filed 3-15-48

MAR 26 1948

APR 8 194

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 William M. Turner, Registered Apprentice No. 470 working under my personal supervision.

Signed Elden Houston

Licensed Embalmer No. 3391

P. O. Address Windsor 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.