No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

Registration District No. 222

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4333

State File No. 9478

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Clarksburg Moreau Twp
(If outside city or town limits, ~~write "RURAL" and name of~~ township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau 68
(c) City or town Clarksburg 0
(If outside city or town limits, write "RURAL")
(d) Street No. none 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country Native

3. (a) PRINT FULL NAME ALBERT TAYLOR Patterson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife wife Amelia Patterson

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

7. Birth date of deceased July (Month) 8 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	6	3	hr. min.

9. Birthplace Moniteau Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name William Patterson
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Martha Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs John Wright
(b) Address Clarksburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ New Zion Cem

18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton Mo

19. (a) Mar - 13-48 (Date received local registrar) (b) Birdie Sturgis (Registrar's signature) 200

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11 year 48 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3-9-48, 19..., to 3-11-48, 19...; that I last saw him alive on 3-11-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1 week
Due to Severe Anemia	2 mo
Due to Cause unknown	
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 0

23. Signature H. C. Hennett M.D. (M.D. or other)
Address Tipton Mo Date signed 3-12-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAR 24 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~~ ..... Registered Apprentice No. ..... working under my personal supervision.

Signed: James E. Richards

Licensed Embalmer No. 2466

P. O. Address: Tipton 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.