

No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9535

State File No.

Registrar's No. 269

FILED MAR 16 1948 38

Registration District No.

Primary Registration District No. 5823

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town 5 Miles North E. New Madrid
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town 5 mi North E. New Madrid
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME WESTEY PATTERSON

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 1948 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from 1-5-48 to 2-7-48 1948.

that I last saw him alive on 2-3-48 1948.

and that death occurred on the date and hour stated above.

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced 2

(b) Name of husband or wife Messan Patterson

6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased: April (Month) 1 (Day) 1890 (Year)

Immediate cause of death Hypertension
Senility & Bronchial
Pneumonia (acute)

Duration _____

8. AGE: Years 57 Months 10 Days 6 If less than one day _____ hr _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace New Madrid, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER {

12. Name Unknown 9

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

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations 107

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Hazel Lewis

(b) Address New Madrid

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature O.B. Chandler (M. D. or other) MD

Address New Madrid, Mo Date signed 2/12/48

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Spring Hill

18. (a) Signature of funeral director Richard and Co

(b) Address New Madrid, Mo

19. (a) 2-20-48 (b) Nelson Paul Jones
(Date received local registrar) (Registrar's signature) 9/10

RECEIVED

District Health Office No. 2,

Case File Number 348-330

Date filed 3-8-48

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.....

Allen C. McGeehan Registered Apprentice No. 512
working under my personal supervision.

Signed L. H. Hayslett

Licensed Embalmer No. 3803

P. O. Address New Market, Md.

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.