

No. 2
-1/47
5-17-39

15262

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

National Office of Vital Statistics
FILED MAY 12 1948

Registration District No. 369

Primary Registration District No. 6257

Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Wayne

(b) City or town: Patterson, Mo.
(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: _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Wayne

(c) City or town: Patterson Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Logan Township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: Jessie Booker

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1948 hour 9:30 minute A M.

4. Sex: MO 5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Mary Caforth

6. (c) Age of husband or wife if alive: 73 years

7. Birth date of deceased: April 23 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10 & 10
....., 1948 to 3/10, 1948
that I last saw him alive on 3-11-, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81 10 17 hr. min.

Immediate cause of death: Brain aneurysm

Due to: hypertension with stenosis

9. Birthplace: Rogville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

Due to: Parasitoma

Other conditions: phlebotomy
(Include pregnancy within 3 months of death)

11. Industry or business: _____

12. Name: Jacob Booker

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

14. Maiden name: _____

15. Birthplace: _____
(City, town, or county) (State or foreign country)

Major findings: ✓ CID

Of operations: _____

Of autops: _____

PHYSICIAN: _____

Underline the cause of which death should be charged statistically.

16. (a) Informant: Mrs. Emma Sheaver

(b) Address: Patterson, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/14/48
(Month) (Day) (Year)

(c) Place: burial or cremation: Woods Cem.

18. (a) Signature of funeral director: William Gahn

(b) Address: Piedmont, Mo.

19. (a) April 27, 48 (Date received local registrar) (b) Surie E. Piles (Registrar's signature) 340

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? _____ (c) Means of injury: _____

23. Signature: L. E. Tamm (M. D. or other) _____

Address: Piedmont, Mo. Date signed: 3-14-48

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

0
0

MOTHER FATHER

RECEIVED

Health Officer No. 4

File Number 548-62

Dated 5-11-48

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.....

Goder Funeral Home

Registered Apprentice No.....

working under my personal supervision.

Signed William Goder

Licensed Embalmer No. 3723

P. O. Address Piedmont, 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.