

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural-Deerfield Township  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
At home  
(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 Missouri (b) County Vernon

(c) City or town Rural-Deerfield Township  
(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 JESSIE GERTRUDE PATTERSON

3. (b) If veteran, name war

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Mar day 7<sup>th</sup> year 1948 hour 3 minute A M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July 28 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1, 1948 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.

8. AGE: Years 70 Months 7 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Cerebral Hemorrhage Duration Feb 1 to Mar 6/48

Due to Hypertension

9. Birthplace Greenfield Co. Iowa  
(City, town, or county) (State or foreign country?)

Due to Old age

Other conditions (Include pregnancy within 3 months of death) Old age

10. Usual occupation Widow

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations none

Of autopsy none

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Philip Dreck

13. Birthplace unknown 9  
(City, town, or county) (State or foreign country?)

14. Maiden name Julian

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) L

(b) Date of occurrence \_\_\_\_\_

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?

16. (a) Informant Mrs. Peter Berenson

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof Mar 10 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Burial Park

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature W. B. Pove (M. D. or other) \_\_\_\_\_  
Address Nevada, Mo. Date signed 3/8/48

18. (a) Signature of funeral director Allen St. Rye

(b) Address Nevada, Mo.

19. (a) June 5, 1948 (b) Mrs. W. C. Krane  
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 7,

District File Number 5-48-599

Date Filed 6-4-68

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**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 Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.**