

Primary Registration District No. 3038

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

1. PLACE OF DEATH:

(a) County Gasper

(b) City or town Carthage  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deukart Convalescent Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... 2 months  
(Specify whether years, months or days)

In this community... 40 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasper 49

(c) City or town Gasper 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1  
If yes, name country

3: (a) PRINT FULL NAME OLIVE M. PATTERSON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white

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

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

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

7. Birth date of deceased June 16, 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14  
year 1948 hour 4:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from January 1946 to August 14 1948;  
that I last saw h. alive on August 14 1948;  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>28</u>	hr. min.

Immediate cause of death Coronary occlusion or pulmonary embolus Duration 15-20 min.

Due to

Due to

9. Birthplace Wever Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeping

Other conditions Arteriosclerotic heart disease ?  
(Include pregnancy within 3 months of death)

Cerebral arteriosclerosis PHYSICIAN

11. Industry or business

12. Name Samuel Peel

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

14. Maiden name Mary Smith

15. Birthplace Wever Iowa  
(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy none done 9/3/48

Underline the cause to which death should be charged statistically.

16. (a) Informant Joseph A. Patterson

(b) Address Carthage, Mo. R#2

17. (a) Burial (b) Date thereof Aug. 18, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paradise Cemetery

18. (a) Signature of funeral director Sharp & Selvey

(b) Address Gasper, Mo.

19. (a) 8-21-1948 (b) L. B. Clenton  
(Date received local registrar) (Registrar's signature) (by)

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) (Meaning of injury)

23. Signature Charles F. Schell (M. D. or other) md.  
Address 201 W. 3rd, Carthage, Mo. Date signed 8/27/48

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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 *Howard E. Simpson*.....

Licensed Embalmer No. *4288*.....

P. O. Address *Jasper, W. Va.*.....

**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.**