

No. 2
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 5 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40654

State File No.

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 1137

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution:
102 W. Anderson
(If not in hospital or institution, write street number or location)

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

In this community Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

(d) Street No. 102 W. Anderson
(If rural, give location)

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

3. (a) PRINT FULL NAME MERRETT M. Patterson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Amy

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

7. Birth date of deceased May 20 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	7	0	hr. _____ min.

9. Birthplace Lawrence Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Fuel Distributor.

11. Industry or business _____

MOTHER FATHER { 12. Name William Patterson

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

{ 14. Maiden name Rebecca Shipman

{ 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Patterson

(b) Address Aurora, Missouri

17. (a) Burial (b) Date thereof 12/23/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orange Cem. Aurora, MO.

18. (a) Signature of funeral director [Signature]

(b) Address Aurora, Mo.

19. (a) 12-20-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1948 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from about
3 yrs 19 to 19 ;
that I last saw him alive on Dec 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to arteriosclerosis.

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

Major findings:
Of operations [Signature]

Of autopsy _____

PHYSICIAN _____
Underline the cause to 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? _____

23. Signature Dr. Ethel C. Ross (M. D. or other) _____

Address 119 W. Madison Ave Date signed 12-20-48

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

RECEIVED

District Health Officer No. 6,

District File Number 1248-1420

Date Filed 12-21-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No..... 3529.....

P. O. Address..... Aurora, 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.