

S. No. 2
M-5-43.
7-5-17-39.
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40636**

FILED DEC 15 1947
Registration District No. **936**

Primary Registration District No. **6136**

Registrar's No.

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

1. PLACE OF DEATH:

(a) County **SHANNON**

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

(c) Name of hospital or institution:
4 1/2 MI. EAST SUMMERSVILLE
(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 **SHANNON**

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

(d) Street No. **4 1/2 MI. EAST SUMMERSVILLE**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **ANDREW JACKSON PATTERSON**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

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

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

6. (b) Name of husband or wife **EMMA JAKE PATTERSON**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased ~~OCTOBER~~ **10 1861**
MARCH (Day) (Year)

8. AGE: Years **86** Months **7** Days **9**

If less than one day _____ hr. _____ min.

9. Birthplace **SHANNON MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business **SAME**

12. Name **BILL PATTERSON**

13. Birthplace **SHANNON Co MO**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY BOYD**

15. Birthplace **SHANNON Co MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **ART PATTERSON**

(b) Address **SUMMERSVILLE**

17. (a) **BURIAL** (b) Date thereof **OCT 20 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SUMMERSVILLE**

18. (a) Signature of funeral director **DANIEL EAT HOME**

(b) Address **Mountain View Mo.**

19. (a) **12-8-47** (b) **Maebel Green**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT** day **18**
year **5** hour **30** minute **A** M.

21. I hereby certify that I attended the deceased from **SEPT 27**
1947 to **OCT 18** **1947**
and that death occurred on the date and hour stated above.

That I last saw him alive on **SEPT 27** **1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC NEPHRITIS**

Due to **SENILITY**

Due to _____

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

Major findings: Of operations **13 7 13**

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? _____

While at work _____ (Specify type of place)

(b) Means of injury _____

23. Signature **Laura Hampton** (M.D. or other) **DO**

Address **Summersville** Date signed **Oct 19**

RECEIVED

D..

No. 5,

District .

1247709

Date Filed _____

12-13-47

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

Not Embalmed
Joe S. Duncan
Licensed Embalmer No. 4325

P. O. Address Yonkers, N.Y.

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.