DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 2988

Registration District No. 508 | Primary Registration District No. 5680 | Registrar's No. 10

**1. PLACE OF DEATH:**

(a) County Livingston [illegible]

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

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
In this community 69 yrs. (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Livingston

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

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

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME James A. Patterson

3. (b) If veteran, name war ✓ — 3. (c) Social Security No. ✓

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lina Patterson | 6. (c) Age of husband or wife if alive 67 yrs. years

7. Birth date of deceased May (Month) 2 (Day) 1870 (Year)

8. AGE: Years 69 | Months 8 | Days 18 | If less than one day — hr. — min.

9. Birthplace Livingston Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

FATHER
12. Name Samuel Patterson
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Frances Lewis
15. Birthplace Livingston Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Ethel L. Metzner
(b) Address Livingston Co. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan-23-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Burnside Cem.

18. (a) Signature of funeral director James D Gordon
(b) Address Chillicothe, Mo. 64

19. (a) 1-23-40 (Date received local registrar) (b) H M Grace, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 20 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from never attended him, 19__, to __, 19__; that I last saw him alive on July 39 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction from gangrened strangulated right inguinal hernia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 22

Major findings:
Of operations
Of autopsy

Duration: 5 days

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C M Grace (M. D. or other)
Address Chillicothe Mo Date signed Jan 23 1940

(Licensed Embalmer's Statement on Reverse Side) Coroner Livingston Co.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

RECEIVED
District Health Officer No. 11
District File Number 240-171
Date Filed FEB 14 1940

## 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 James D. Gordon

Licensed Embalmer No. 1870

P. O. Address Chillicothe 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, above space should be left blank.**