

Dr. L. 18405

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11

Registrar's No. 423

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 703 E. Walnut 2  
(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 217

3. (a) PRINT FULL NAME Alta Minnie Patterson

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased March 10 1898  
(Month) (Day) (Year)

8. AGE: Years 152 Months 1 Days 27 If less than one day \_\_\_\_\_ hr. min.

9. Birthplace Dorchester, Neb.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

12. Name John W. Patterson

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

14. Maiden name Ella Turner

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

16. (a) Informant's own signature Mrs. W. M. Bufford

(b) Address 703 E. Walnut, City

17. (a) Burial (b) Date thereof 5-9-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calico Rock, Ark.

18. (a) Signature of funeral director Alma Schumayer

(b) Address Springfield, Mo.

19. (a) May 7 1940 (b) W. E. Handley M.D.  
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 703 E. Walnut  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1940 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from 1/1/40  
\_\_\_\_\_, 19\_\_\_\_, to 5/7/40, 19\_\_\_\_;

that I last saw her alive on 5/6/40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast - primary 5 yrs  
Duration

Due to \_\_\_\_\_

Due to 50

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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? Y

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

28. Signature F. B. Semmon (M. D. or other) M.D.

Address Springfield, Mo. Date signed 7-7-40

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.

MAKING COPIES ON PENDING BLACK INK—MAKE A PERMANENT RECORD

1 X 1511

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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 Harrow Knabb  
Licensed Embalmer No. 4065  
P. O. Address Springfield 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.**

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