

Registration District No. **111 7502**

Primary Registration District No. **9987**

Registrar's No. **1686**

1. PLACE OF DEATH:

(a) County Ripley
 (b) City or town Jordan Rural
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME John Allen Patterson

3. (b) If veteran, name (war) ✓ 3. (c) Social Security No. 362

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

6. (b) Name of husband or wife Nancy Anne 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 13 1869
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace Ripley Co. MO
 (City, town or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name John Patterson
 18. Birthplace Wm. Ky.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Sullivan
 15. Birthplace Wm. Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Warren Doughenbaugh
 (b) Address Naylor Mo

17. (a) Burial (b) Date thereof July 2, 40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Schmidt

18. (a) Signature of funeral director Mamie Leah
 (b) Address Naylor

19. (a) July 1 - 1940 (b) C. B. Johnston
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Ripley
 (c) City or town Jordan - Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7 miles N.E. of Danighan
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
 year 1940 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw _____ alive on 6/30/40 and that death occurred on the date and hour stated above.

Immediate cause of death Carbural Hemorrhage
 Due to 6/30/40

Other conditions (include pregnancy within 3 months of death) STW

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? 674
 While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Clifford Johnson
 Address Doughenbaugh Date signed _____

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

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 J. C. McCord

Licensed Embalmer No. 4079

P. O. Address.....

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.