

FILED SEP 25 1940

Registration District No. 267

Primary Registration District No. 4456

Registrar's No. 128

1. PLACE OF DEATH:

(a) County St. Clair Appleton
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Elliot Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 67 yrs years, months or days) 3 1/2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair
(c) City or town Near Appleton City 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 CLIVE A. PATTERSON

3. (b) If veteran, name war None 3. (c) Social Security No. 493-10-027

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

6. (b) Name of husband or wife Maggie Higgins 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec 24 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>7</u>	<u>27</u>	hr. _____ min. _____

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

10. Usual occupation Barber

11. Industry or business _____

12. Name Joseph Patterson

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

14. Maiden name Queen Hagler

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

16. (a) Informant Maggie Patterson
(b) Address Appleton City MO

17. (a) Burial (b) Date thereof Aug 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kidds Chapel

18. (a) Signature of funeral director Frank Lee
(b) Address Appleton City MO

19. (a) Aug 21 1940 (b) Clive Abney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21
year 1940 hour 10:00 minute 6 M. A.

21. I hereby certify that I attended the deceased from August 20, 1940, to August 21, 1940;
that I last saw him alive on August 21, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral, Luetia

Due to _____

Due to _____

Other conditions 34
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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? 3/10
(Specify type of place) (e) Means of injury _____

23. Signature W. J. Reese (M. D. or other) MD
Address Cappleton City, MO Date signed 8-21-40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

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1
0

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RECEIVED

District Health Officer No. 7,

District File Number 9-40-1275

Date Filed 9-5-40

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 ME
on the 21st day of Aug 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Aspeton City Me

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.