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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21874

State File No. _____
Registrar's No. _____

Registration District No. 411 Primary Registration District No. 2002

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
East 13th Street
(d) Length of stay: In hospital or institution 1yr lmo 12days
In this community 1yr lmo 12days

3. (a) PRINT FULL NAME Jerry Lee 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife 14th years
7. Birth date of deceased May 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 1 Days 12 If less than one day
hr. _____ min. _____

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

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Willie T Patterson
13. Birthplace Grogan Missouri
14. Maiden name Oma L McKinney
15. Birthplace Grogan Missouri

16. (a) Informant Willie T Patterson
(b) Address E 13th, Joplin, Missouri

17. (a) Burial (b) Date thereof 6-28-41
(c) Place: burial or cremation Cabool, Missouri

18. (a) Signature of funeral director Lanpher Mortuary
(b) Address Joplin, Missouri

19. (a) 6-27-41 (b) G D James
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(d) Street No. East 13th
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th
year 1941 hour 1:00 minute p M.

21. I hereby certify that I attended the deceased from June 25-41
to June 26 1941
that I last saw him alive on June 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Failure

Due to Pneumonia -
Thrombotic
Due to Infection

Other conditions 35
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

372 (Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature G D James (Registrar or other) _____
Address 2114 Joplin Date signed 6-27-41

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

41-7-621

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

F. M. Jones

Licensed Embalmer No.

2319

P. O. Address

Jefferson

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.