

Registration District No. 410

Primary Registration District No. 5568

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural Sheridan T.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
One mi east 1/4 mi S of Jasper
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 72-7-6 years, months or days)

8. (a) PRINT FULL NAME Laura Belle Patterson

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife George Patterson 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased Oct 11 1878
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation House keeping

11. Industry or business
12. Name Harrison Bayles Jell
13. Birthplace Mary E. Hendricks Jell
(City, town, or county) (State or foreign country)
14. Maiden name Jell
15. Birthplace Jasper Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Glenn Patterson
(b) Address Jasper Mo

17. (a) Rural (b) Date thereof 6-19-41
(Rural, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hendricks Cem.

18. (a) Signature of funeral director Chas. J. Reiter
(b) Address Jasper Mo

19. (a) 6/19-41 (b) Clara E. Burns
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. One mi East 1/4 mi S of Jasper
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17th
year 1941 hour 5:36 minute _____ P. M.

21. I hereby certify that I attended the deceased from June 8th 1941, to June 17th 1941;
that I last saw her alive on June 17th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilation of heart.

Due to Chronic myocarditis

Due to _____
Other conditions Chronic cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations g2 H
Of autopsy _____

Duration _____
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? _____

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

23. Signature J. Darwin Magee M. D. or other) DO
Address Jasper Mo Date signed 6/18/41

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 _____

Howard Simpson, Registered Apprentice No. 285-

working under my personal supervision.

Signed Phas J Teeter

Licensed Embalmer No. 2566

P. O. Address Casper 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.