

No. 2  
4-13-40  
-17-39  
K 23155

FILED AUG 11 1941 85

State File No. \_\_\_\_\_  
Registrar's No. 767

Registration District No. \_\_\_\_\_ Primary Registration District No. 1001

1. PLACE OF DEATH:  
 (a) County BUCHANAN  
 (b) City or town ST. JOSEPH  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: STATE HOSPITAL No. 2  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 mo. & 9 Days.  
 (Specify whether \_\_\_\_\_)  
 In this community 2 mo. & 9 da.  
 years, months or days)

3. (a) PRINT FULL NAME Mrs Viola Patrick  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Charles Patrick  
 6. (c) Age of husband or wife if alive unk years  
 7. Birth date of deceased May 23-1893  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48 yrs.</u>	<u>2</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation Housewife  
 11. Industry or business as above

MOTHER FATHER  
 12. Name Steven L McCollum  
 13. Birthplace Linn Co Mo Mo  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Davis  
 15. Birthplace Linn Co Mo Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Hosp Records  
 (b) Address St. Joseph, Mo.

17. (a) Personal (b) Date thereof July 29, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Brookfield Mo.

18. (a) Signature of funeral director Norman W. Siders  
 (b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) July 29-41 (b) H.O. Nestlebusch  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Linn Co  
 (c) City or town Brookfield - Mo.  
 (If outside the city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 0  
 (e) If foreign born, how long in U. S. - 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
 year 1941 hour 16:45 minute AM M.  
 21. I hereby certify that I attended the deceased from May 20 1941 to 7-29 1941;  
 that I last saw her alive on July 29 - 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
 Duration \_\_\_\_\_

Due to Bronchopneumonia  
Tubercle Bacilli 3 days  
 Due to Psychosis with Pellsyria indphte  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy Bronchopneumonia  
 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) none  
 (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? \_\_\_\_\_

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

23. Signature Donald Breit (M. D. or other) M. D.  
 Address Mo State Hosp # 2 Date signed 7-29-41

Brookfield, Mo. by Bureau of Census - includes Brookfield, Mo. 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.     Not Embalmed

Signed.....

*Albert R. Harrington*

Licensed Embalmer No. 3258

P. O. Address St. Joseph, 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, fact should be so stated above.**