S. No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25526

Registration District No. 308 — Primary Registration District No. 3026 — Registrar's No. 109

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

1. PLACE OF DEATH:
(a) County Livingstone
(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 227 Ryan St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair 001
(c) City or town Kirksville (If outside city or town limits, write "RURAL")
(d) Street No. 416 E. Harrison (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME MARY 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 Widow
6. (b) Name of husband or wife James G. Patrick 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Nov. (Month) 10 (Day) 1861 (Year)

8. AGE: Years 79 Months 8 Days 14 If less than one day ____ hr. ____ min.

9. Birthplace Grundy Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ____
FATHER
12. Name Dr. Jessie J. Steely
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Nancy Lancer
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Sugar Creek Cemetery Moberly, Mo.
18. (a) Signature of funeral director E. E. Hopper
(b) Address ____
19. (a) 7/25/41 (Date received local registrar) (b) Clarence, Mo. (Registrar's signature) [illegible]

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day July year 1941 hour 6 00 minutes P. M.
21. I hereby certify that I attended the deceased from July 20, 1941, to July 24, 1941; that I last saw her alive on July 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart decompensation	?
Due to Chronic myocarditis	?
Due to Hypertension	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy ____

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature R J Brennan (M. D. or D.)
Address Chillicothe, Mo. Date signed 7/24/41

(Licensed Embalmer's Statement on Reverse Side)

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, Registered Apprentice No.

working under my personal supervision.

Signed Jack Hayes

Licensed Embalmer No. 3699

P. O. Address Shelbina, 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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25526

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 109

1. PLACE OF DEATH:
(a) County: Livingstone
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 224 Ryan St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State ..... (b) County .....
(c) City or town ..... (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Mary Patricia
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: wid
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased ..... (Month) (Day) (Year)
8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.
9. Birthplace ..... (City, town, or county) ..... (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)
16. (a) Informant: BLANK Julia Bradford
(b) Address: BLANK 227 Ryan St Chillicothe
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 26 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Sugar Creek Cemetery
18. (a) Signature of funeral director: V.E. Hopper
(b) Address: Clarence Missouri
19. (a) 7-25-41 (Date received local registrar) (b) H M Grace MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July Day: 24 Year: 1941 Hour: ..... Minute: ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h.. alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

S-25526