

FILLED OCT 11 1941

Registration District No. **89**

Primary Registration District No. **3007**

Registrar's No. **386**

1. PLACE OF DEATH:

(a) County **Butler**
(b) City or town **Poplar Bluff**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Poplar Bluff Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 days**
(Specify whether years, months or days) **2 days**

3. (a) PRINT FULL NAME **TOM PATTERSON**

3. (b) If veteran, name war **-** 3. (c) Social Security No. **-**

4. Sex **male** 5. Color or race **wh**
6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Mamie Patterson** 6. (c) Age of husband or wife if alive **-** years
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years **80** Months **1** Days **10** If less than one day hr. min.

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

10. Usual occupation **old-age pensioner**

11. Industry or business

MOTHER FATHER { 12. Name **David Patterson**
13. Birthplace **Illinois** (City, town, or county) (State or foreign country)
14. Maiden name **DK South Knolls**
15. Birthplace **DK** (City, town, or county) (State or foreign country)

16. (a) Informant **Charley Patterson**
(b) Address **Malden, Mo.**

17. (a) **burial** (b) Date thereof **10-2-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Malden Cemetery**

18. (a) Signature of funeral director **Jernigan Funeral Home**
(b) Address **Malden, Mo.**

19. (a) **10-9-41** (b) **Bulle Kinney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin**
(c) City or town **Malden**
(If outside city or town limits, write "RURAL")
(d) Street No. **1**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30**
year **1941** hour **12** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Sept 29th** 1941, to **Sept 30** 1941
that I last saw him alive on **Sept 30** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral artery failure** Duration

Due to **Fracture of Skull** 1 day

Due to
Other conditions (Include pregnancy within 3 months of death) **1860**

Major findings: Of operations **2 1/2**
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) **Accident from fall**
(b) Date of occurrence **Sept. 29, 1941**
(c) Where did injury occur? **Malden** (City or town) **Mo** (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Railroad Track

While at work? **no** (Specify type of place) (e) Means of injury **Fall on Track**

23. Signature **Ho. Small** (M. D. or other)
Address **Poplar Bluff, Mo** Date signed **10-1-41**

OCT 13 1944

PROBATION 37

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.

1411 198 2902

Signed *R. Salomon*

Licensed Embalmer No. *7556*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

14-1-01 If this body is not embalmed, fact should be so stated above.

1941

S-31155