

FILED DEC 11 1941

State File No. _____

Registration District No. 219

Primary Registration District No. 3015

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Cooper
 (b) City or town Boonville mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Joseph. D.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 da.
 (Specify whether
 In this community 2 yrs.
 years, months or days)

8. (a) PRINT FULL NAME JAMES HENRY PATTERSON
 8. (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 if alive _____ years

7. Birth date of deceased Sept. 15. 32.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>9</u>	<u>1</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Franklin mo. (City, town, or county) (State or foreign country)

10. Usual occupation In school boy

11. Industry or business _____

12. Name James Wm. Patterson
 13. Birthplace Cooper MO U
 (City, town, or county) (State or foreign country)
 14. Maiden name Idamay Bradshaw
 15. Birthplace Fayette mo. D.
 (City, town, or county) (State or foreign country)

16. (a) Informant Idamay Patterson
 (b) Address Franklin mo.

17. (a) Burial (b) Date thereof 12-12-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fayette, MO

18. (a) Signature of funeral director A. S. Dunham
 (b) Address New Franklin mo.

19. (a) 11-15-41 (b) D. Cooper
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County Howard 45
 (c) City or town Franklin 3
 (If outside city or town limits, write "RURAL") 7
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
 year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 6, 1941, to Nov 10, 1941;
 that I last saw him alive on Nov 10, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Tuberculous meningitis</u>	<u>12 days</u>
Due to <u>Tuberculosis of Lungs</u>	<u>May 6 to</u>
<u>Pleurisy, tuberculous</u>	<u>May 26</u>
Due to <u>with serous effusion</u>	

Other conditions Tubercle bacillus in
 (include pregnancy within 3 months of death)
spinal fluid

Major findings: Of operations _____
 Of autopsy 138
 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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury ☉
 23. Signature H. Chamberlain (M. D. or other) _____
 Address New Franklin mo Date signed Nov 12-41

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

File Number

Filed

12-9-41

FEB 10 1942

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

L. L. Hall

Licensed Embalmer No. *3515*

P. O. Address *New Franklin*

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

If this body is not embalmed, above space should be left blank.