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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
FILED NOV 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

M = Hall 10-31
State File No. 39067
Registrar's No. 336

Registration District No. 668

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bathhouse Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)
In this community 23 years

3. (a) PRINT FULL NAME LOVELL PATTERSON

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Harriett 6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased Sept 22 1843
(Month) (Day) (Year)

8. AGE: Years 98 Months 1 Days 22 If less than one day hr. min.

9. Birthplace Augusta Ky
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Thompson Patterson

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Day
(City, town, or county) (State or foreign country)

15. Birthplace Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ado Mansfield
(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof 11-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipston, Mo.

18. (a) Signature of funeral director Tipston, Mo.
(b) Address Sedalia, Mo.

19. (a) 11/10/41 (b) Mrs Harry Sneed
(Date received local registrar) (Registrar's signature)
900 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1012 So Lorraine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov, day 14
year 1941 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Oct 31
1941, to Nov 14, 1941.
That I last saw him alive on Nov 13, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia
following operation

Due to Empyema pneumonia Duration 6 days

Due to 12202 Power

Other conditions Small dentition, calcareous
(Include pregnancy within 3 months of death) None
Myo-Carditis

Major findings:
Of operations Strangulated hernia
Operation Oct. 31, 1941
Of autopsy None made

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) no
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place)
(e) Means of injury none

23. Signature Chas... (M. D. number)
Address Sedalia Mo Date signed 11/15/41

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-24-41.....

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..... *Geo. Dillard*.....

Licensed Embalmer No. 3868.....

P. O. Address..... *Seaboard, Va.*.....

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.