S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

42802

State File No. 12

Registration District No. 732 Primary Registration District No. 4437 Registrar's No. 732

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Higbee Mo Tun
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 78yrs 8 Mo 26 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Higbee Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mary Pattrick

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

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct (Month) I6 (Day) I862 (Year)

8. AGE: Years 78 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Randolph Co Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Julius Ragsdall
13. Birthplace Randolph Co. Mo. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Julia Pattrick
15. Birthplace Randolph Co. Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Miller Robb
(b) Address Higbee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. I4 I94I (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Higbee Mo

18. (a) Signature of funeral director Joe W Burton
(b) Address Higbee Mo.

19. (a) aug 14 1941 (Date received local registrar) (b) J. H. Hinn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day I2
year I94I hour 7 minute 30 a M.

21. I hereby certify that I attended the deceased from aug 1st, 194, to aug 12, 1941; that I last saw her alive on aug 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Paralysis cerebral	7 da
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy no	

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 J. H. Hinn (M. D. ~~[illegible]~~)
Address Higbee Mo Date signed 8/14/41

669 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-42-28
Date Filed JAN 9 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 W B Stanfield
Licensed Embalmer No. 7647
P. O. Address Macon 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, above space should be left blank.