. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1942

Registration District No. 1

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13632

Primary Registration District No. 200

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Brashear. Salt Run Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community all her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair 1

(c) City or town Brashear. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME LUCY E. PATTERSON.

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Merrit Patterson

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

7. Birth date of deceased June (Month) 12 (Day) 1863 (Year)

8. AGE: Years 78 Months 10 Days 8 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Marshal Perry
13. Birthplace ..... (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Nancy Kiggins
15. Birthplace Knox Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant J. P. Patterson
(b) Address Brashear.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Brashear Cemetery

18. (a) Signature of funeral director F. R. Easley.
(b) Address Brashear. Mo.

19. (a) May 9, 1942 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20 year 1942 hour 4 minute 30 p M.

21. I hereby certify that I attended the deceased from April 12, 1942, to April 20, 1942 that I last saw her alive on April 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis — Duration 7 days

Due to A General Neuritis — 2 wks.
Cause of Neuritis unknown

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

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

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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 H. M. Humphrey (M. D. or other) M.D.

Address Brashear Mo Date signed 5-9-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-42-1138
Date Filed MAY 19 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 Foster R. Easley,

Licensed Embalmer No. 1146

P. O. Address Bracken, 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.