

FILED SEP 10 1942 38

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27741  
Registrar's No. ~~5823~~ 70

Registration District No. ~~655~~

Primary Registration District No. ~~4259~~ 5823

1. PLACE OF DEATH:

(a) County New Madrid  
(b) City or town Rural - New Mad Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.        (Specify whether  
In this community        years, months or days)

3. (a) PRINT FULL NAME

Juanita Sue Patterson

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 DS

6. (b) Name of husband or wife       

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

7. Birth date of deceased July (Month)

30 (Day) 1942 (Year)

8. AGE: Years no Months no Days no If less than one day 2 hr.        min.

9. Birthplace New Madrid County (City, town, or county) mo O (State or foreign country)

10. Usual occupation       

11. Industry or business       

12. Name Luchin Patterson

13. Birthplace New Madrid Cnty (City, town, or county) mo O (State or foreign country)

14. Maiden name Beatha Lambert

15. Birthplace Tipton County (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Luchin Patterson

(b) Address New Madrid mo

17. (a) Burial (b) Date thereof July 21 - 42 (Month) (Day) (Year)

(c) Place: burial or cremation Parma Cemetery

18. (e) Signature of funeral director F C Knight

(b) Address Parma mo

19. (a) Aug 11, 1942 (Date received local registrar) (b) Alice Spitzer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County New Madrid  
(c) City or town R (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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1942 hour 10 minute        P. M.

21. I hereby certify that I attended the deceased from 8 Pm 1942 to 10 Pm 1942 that I last saw her alive on July 30 1942 and that death occurred on the date and hour stated above.

Immediate cause of death premature birth

Due to bad health

Due to       

Other conditions (Include pregnancy within 3 months of death) 159

Major findings: Of operations       

Of autopsy       

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 Maryle B. Turner (M. D. or other)       

Address Lilbourn, Mo. R. 1. Date signed July 31st

1031 (Licensed Embalmer's Statement on Reverse Side)

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

7200

72

0

Duration 5 1/2 mo's

PHYSICIAN

Underline the cause to which death should be charged statistically.

Meaning

1942

RECEIVED

District Health Office No. 2,

District File Number 942-1148

Date Filed 9-8-42

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 *not*.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *D. E. Knight*.....

Licensed Embalmer No. *2189*.....

P. O. Address *Parma 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.