

FILED MAR 8 1943

State File No. \_\_\_\_\_

Registration District No. 375

Primary Registration District No. 6277

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Hartville Rural Boone Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: At her home 3 miles northwest of Hartville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)  
In this community 26 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Wright  
(c) City or town Hartville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles northwest of Hartville  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FLORENCE PATTERSON

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Oscar Patterson 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased: 7 (Month) 24 (Day) 1916 (Year)

8. AGE: Years 26 Months 6 Days 8 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Grove Springs (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Marion Marcum

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

14. Maiden name Ellen F. Mansfield

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

16. (a) Informant Oscar Patterson  
(b) Address Hartville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 4 1943 (Month) (Day) (Year)

(c) Place: burial or cremation O. Dell Cem.

18. (a) Signature of funeral director Gene E. Holbe

(b) Address Hartville Mo.

19. (a) 3-3-1943 (Date received local registrar) (b) W. J. Wyman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 2 year 1943 hour 5:00 minute 30 AM

21. I hereby certify that I attended the deceased from Apr 1 1943 to March 2 1943 that I last saw her alive on March 2 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 138 (Include pregnancy within 3 months of death)

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 2

23. Signature W. J. Wyman (M.D. or other) DO  
Address Hartville Mo. Date signed 3-3-43

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

1400

JUN 3 1943

RECEIVED  
District Health Officer No. 6,  
District File Number 342-320  
MAR 5 1943  
Date Filed

**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 Gene E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville 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.**