V. S. No. 2
100M—2-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27753

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 857

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

1. PLACE OF DEATH: Buchanan
(a) County St. Joseph, Missouri.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 814 South 11th Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hours (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 814 South 11th Street (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lilly Mae Patterson.
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased August (Month) 2 (Day) 1943 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 3 hr. 45 min.

9. Birthplace St. Joseph, Missouri. (City, town, or county) None. (State or foreign country) 0
10. Usual occupation
11. Industry or business
FATHER
12. Name Robert David Patterson.
13. Birthplace Jefferson (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Nancy Ruark
15. Birthplace Lexington, Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Robert David Patterson.
(b) Address 814 South 11th. St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/3/43 (Month, day, year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Mrs E. R. Sidenfaden
(b) Address 602 South 10th. Street.
19. (a) 8-3-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day Third year 1943 hour 1 minute 15 A.M.
21. I hereby certify that I attended the deceased from Aug - 2 - 1943 to Aug 3 - 1943 that I last saw her alive on Aug - 2 - 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth 7th month
Due to: Unknown Cause
Due to:
Other conditions (Include pregnancy within 3 months of death) 159
Major findings: Of operations
Of autopsy

Duration

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. R. Elliott (M. D. or other) M.D.
Address 801 E. Frover St. Joseph, Mo. Date signed 8-3-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.