

FILED NOV 23 1943

Registration District No. 77

Primary Registration District No. 3016

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

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 hrs.  
(Specify whether  
In this community 5 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole  
(c) City or town Jefferson City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 303 Montross St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Lee Patton

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 Married

6. (b) Name of husband or wife Raymond 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Jan. 26 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
35 9 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Robert Jeffaris  
13. Birthplace Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Eva George  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Patton

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 11/19/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Walter Buescher

(b) Address Jefferson City, Mo.

19. (a) 11-18-43 (b) Normal Richter  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1943 hour 9 minute 15 a. m.

21. I hereby certify that I attended the deceased from Nov 16 1943 to Nov 17 1943 that I last saw him alive on Nov 17 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Emphysema of lungs  
Barlowia of breast

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 50  
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 W. Buescher M.D. or other W. Buescher  
Address Jefferson City, Mo. Date signed 11/18/43

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**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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.