

FILED NOV 10 1944  
1908

Primary Registration District No. 3030

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Jefferson  
(b) City or town Festus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 25 yrs.  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Carrie Spicer Patterson

3. (b) If veteran, name war h.o. 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married 2 divorced Widowed

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

7. Birth date of deceased October - 11 - 1881  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>11</u>	<u>24</u>	hr. min.

9. Birthplace Commerce Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER {  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Collier  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Spicer  
(b) Address Festus Mo.

17. (a) Burial (b) Date thereof 10-10-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt. Zion Cem.

18. (a) Signature of funeral director H. B. Vinyard  
(b) Address Festus Mo.

19. (a) Oct. 9, 1944 (b) Lilly Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5  
year 1944 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from Sept 18  
1944 to Oct. 3 1944.

that I last saw her alive on Oct 3, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death  
Generalized arteriosclerosis  
w. hypertension

Due to Chronic myocarditis

Due to 930

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

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? .....

While at work? (Specify type of place) Means of injury

23. Signature Paulus Belgov (M. D. or other)  
Address Festus Mo. Date signed 10/9/44

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

50  
3  
1

50  
3  
1

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 11-9-44

**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 H. W. Myer

Licensed Embalmer No. 3010

P. O. Address Festus

**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.**