N 2
—8-43
5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41736

FILED JAN 15 1945

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 140

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1102 Crest Court - Kentland Park
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Neosho
(If outside city or town limits, write "RURAL")
(d) Street No. 1102 Crest Court - Kentland Park
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) ✓
If yes, name country

3. (a) PRINT FULL NAME Marie Schaefer Paterson
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 Married
6. (b) Name of husband or wife Robert E. Paterson
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased November (Month) 21 (Day) 1907 (Year)

8. AGE: Years	Months	Days	If less than one day
37	1	6	hr. min.

9. Birthplace Cando (City, town, or county) No. Dakota (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Henry J. Schaefer
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Clara Barker
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Capt. Robert E. Paterson
(b) Address Camp Crowder Missouri
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Dec. 29, 1944 (Month) (Day) (Year)
(c) Place: ~~burial~~ or cremation Minneapolis Minn ~~Kansas City Missouri~~
18. (c) Signature of funeral director J. A. Bingham
(b) Address Neosho Missouri
19. (a) 12-28-44 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1944 hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from ....., 19..., to Dec. 27, 1944
that I last saw her alive on Dec. 27, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial insufficiency	26 yrs.
Due to: Chronic rheumatic heart disease aortic & mitral insuff. & stenosis	
Due to: Cardiac enlargement, chronic auricular fibrillation, anasarca	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: No operation	
Of autopsy: Not done	

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) (e) Means of injury

23. Signature Henry Gauss Capt M.C. (M. D. or other)
Address Regional Hosp. Camp Crowder, Mo. Date signed Dec. 28, 1944

1110

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1945

SEP 6 1945

APR 30 1953

SEP 10 1945

RECEIVED JAN 10 1945
District Health Officer No.
District File Number 1244-278
Date Filed JAN 12 1945

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. 3689

P. O. Address Neosho 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.