S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1945

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Dr G. Hogg

State File No. 6155

Primary Registration District No. 2000

Registrar's No. 164

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 767 W. Elm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 27 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield,
(If outside city or town limits, write "RURAL")

(d) Street No. 767 W. Elm
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME David Allen Patterson

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Lucinda Patterson

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August (Month) 31, (Day) 1871 (Year)

8. AGE: Years 73 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Greene County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Sash and Door Company

11. Industry or business Lumber

FATHER
12. Name James Patterson
13. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

MOTHER
14. Maiden name UNK.
15. Birthplace UNK. (City, town, or county) UNK. (State or foreign country)

16. (a) Informant Mrs. Lucinda A. Patterson

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 28 (Day) 1945 (Year)

(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-28-45 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1945 hour 11:15 minute P.M.

21. I hereby certify that I attended the deceased from Past 3 or 4 weeks, 19__ to Feb-26-, 1945 that I last saw him alive on Feb 26-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma gall bladder + Liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

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 Garrett Hogg (M. D. or other)

Address 510 Woodruff Bldg Date signed 2/27/45

984

(Licensed Embalmer's Statement on Reverse Side) Springfield-Mo

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 Harlow Knight

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.