

FILED MAR 8 1946

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 54

1. PLACE OF DEATH:

(a) County CAPE GIRARDEAU

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

(c) Name of hospital or institution St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)

In this community 9 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid (Summit)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GREGORY PATTERON

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

20. DATE OF DEATH: Month Jan day 27 year 1946 hour 4 minute 10 P M.

21. I hereby certify that I attended the deceased from 1-19-46 to Jan 27, 1946 that I last saw him alive on Jan 27, 1946 and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION

4. Sex M. ♂ 5. Color or race W.

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec - 20 - 1945  
(Month) (Day) (Year)

Immediate cause of death Acute Dehydration  
Stomach +  
Paralytic ileus  
following  
Chronic Enterocolitis  
since birth

Duration 1 day

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years \_\_\_\_\_ Months 1 Days 7 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Child

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1575

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Leonard Patterson

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

14. Maiden name Edith Canall

15. Birthplace New Madrid Mo. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Patterson

(b) Address New Madrid, Mo

17. (a) Burial (b) Date thereof Jan 29, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Richard Lind Co

(b) Address New Madrid, Mo.

19. (a) 2-13-1946 (b) C. C. Summers  
(Date received local registrar) (Registrar's signature)

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 Charles J. Herbert (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 2/9/46

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

3853

RECEIVED

Health Officer No. 4

File Number 346-1783

Date Filed 3-6-46

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 *Leo Hedgesworth*

Licensed Embalmer No. 3803

P. O. Address *New Madrid 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.