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-17-39
X35897

FILED MAR 6 1946

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH Jopier

(a) County Jopier

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

(c) Name of hospital or institution: 520 Cannon Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jopier

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

(d) Street No. 520 Cannon Ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Harve Robert Patterson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Katherine Kemner

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March 20 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Stockyard operator

12. Name Wm Harvey Patterson

13. Birthplace Tiffin Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Clara E. Willard

15. Birthplace Palmetto Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Nal Patterson

(b) Address 520 Cannon Ave

17. (a) removal (b) Date thereof Feb 3-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springfield Mo

18. (a) Signature of funeral director Herman Bohmeyer

(b) Address Springfield Mo

19. (a) 2-3-46 (b) A. J. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 3rd
year 1946 hour 71 minutes 52 a M.

21. I hereby certify that I attended the deceased from 9/6/45 19. to 2/3/46 19. and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon

Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

PHYSICIAN

Major findings: Carcinoma of ascending Colon - (Feb. 1945)

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)

(c) Means of injury _____

23. Signature Frederic H. Black (M. D. or other) _____

Address Frederic H. Black Jopier, Mo Date signed 2/2/46

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

MOTHER FATHER

H6-2-158

MAR 19 1948

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..... *David Dillon*.....

Licensed Embalmer No. *3898*.....

P. O. Address *Joplin, 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.