

**FILED** JUL 3 8 1946

Registration District No. 3037

Primary Registration District No. \_\_\_\_\_

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mr Vernon  
(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 \_\_\_\_\_ (Specify whether)  
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55  
(c) City or town Mr Vernon  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

3. (a) ~~PRINT~~ FULL NAME Charles Alexander Patterson

20. DATE OF DEATH: Month May day 20  
year 1946 hour 8:30 minute PM

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. X

21. I hereby certify that I attended the deceased from Jan 10  
1943 to May 20 1946

4. Sex Male Color or race White

that I last saw him alive on May 20 1946  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Lylea  
6. (c) Age of husband or wife if alive 71 years

Immediate cause of death Angina Pectoris  
Duration 1 hour

7. Birth date of deceased Aug 21 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Chronic Gastritis and 34st

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

Due to Hypertension 7

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death)  
PA Haberman

11. Industry or business agriculture & stock

Major findings: Of operations \_\_\_\_\_  
Of autopsy no

12. Name William M Patterson

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

14. Maiden name Mary Jane Moore

15. Birthplace Kudziele Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant Archie Patterson

(b) Address Mr Vernon Mo

17. (a) Burial (b) Date thereof 5-24-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Camp Ground Chesapeake

18. (a) Signature of funeral director Geo B Orr

(b) Address Mr Patterson Mo

19. (a) 6-11-46 (b) EP Haberman  
(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 PA Haberman (M. D. or \_\_\_\_\_)

Address Mr Vernon Mo Date signed 5-28-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 246-699

Date Filed JUL 2 1946

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 George B. Orr

Licensed Embalmer No. 946

P. O. Address W. Vernon No.

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.