

**FILED** SEP 3 1946

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 955

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution About 3 Hrs.  
(Specify whether  
 In this community 3 hrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44  
 (c) City or town Midland  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Rural  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Lester Dale Patterson

3. (b) If veteran, name war World War 3. (c) Social Security No. none

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Belle Mary Patterson 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased July 28 1915  
(Month) (Day) (Year)

8. AGE: Years 31 Months 0 Days 26 hr. 0 min.

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

10. Usual occupation Staff Sergeant in Army

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

12. Name Harley Patterson

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

14. Maiden name Mellie Colwell

15. Birthplace Midland Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Harley Patterson

(b) Address Graham Missouri

17. (a) Burial (b) Date thereof Aug - 26 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K.P.P. Midland

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Manlyville Missouri

19. (a) Aug. 24, 1946 (b) K.J. Westtchuck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 24th day 1946  
 year 1946 hour I minute A. M.

21. I hereby certify that I attended the deceased from Aug 24th 1946 to \_\_\_\_\_ 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
 Immediate cause of death Injuries received when his Auto overturned

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

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

Other conditions 1700-8  
(include pregnancy within 3 months of death)

Major findings: 1700-8  
 Of operations \_\_\_\_\_  
 Of autopsy 28

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) Accident 2

(b) Date of occurrence Aug. 23 1946

(c) Where did injury occur? Savannah Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

While at work? no (Specify type of place) (c) Means of injury Auto

23. Signature B.W. Tadlock Coroner 0  
(M. D. or other)

Address King Hill Bldg Date signed 9/46

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

MOTHER FATHER

DEC 5 1946

APR 16 1947

**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 William Campbell

Licensed Embalmer No. 51630

P. O. Address Marquette Mich

**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.**