

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED NOV 20, 1946

Registration District No. 71

Primary Registration District No. 5041

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
5 mi SE of Cassville
(If not in hospital or institution, write street number or location)

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

In this community 28 years
years, months or days

3. (a) PRINT FULL NAME William Feelan 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 M

6. (b) Name of husband or wife Kate Patterson

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

7. Birth date of deceased April 14 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>6</u>	<u>23</u>	--- hr. --- min.

9. Birthplace Pea Ridge, Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name H. H. Patterson

13. Birthplace Pea Ridge, Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Dora E. Rich

15. Birthplace Pea Ridge, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Kate Patterson

(b) Address RFD; Cassville, Mo.

17. (a) Burial (b) Date thereof 11-9-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Corinth Cemetery

18. (a) Signature of funeral director W. C. Koon

(b) Address Cassville, Missouri

19. (a) Nov 14 1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 5 mi SE of Cassville
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th. year 1946 hour 7:30 minute _____ P.M.

21. I hereby certify that I attended the deceased from Oct 1 1945 to Nov. 7th 1946

that I last saw him alive on 11-7-46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Duration Weeks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy 46 B

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 Grace Williams (M. D. or _____)

Address Cassville, Mo Date signed 11-9-46

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

RECEIVED
District Health Officer No. 6;
District File Number 1146-1143
Date Filed NOV 18 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 J. C. Canada
Licensed Embalmer No. 4196
P. O. Address Cassville, 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.