

Registration District No. **140**

Primary Registration District No. **3024**

1. PLACE OF DEATH:

(a) County **Howard**
(b) City or town **Fayette Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lee Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **36 hrs.**
Specify whether
In this community **40 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard** **45**
(c) City or town **Fayette** **1**
(If outside city or town limits, write "RURAL") **1**
(d) Street No. **—**
(If rural, give location) **0**
(e) Citizen of foreign country? **No.** (Yes or NO)
If yes, name country **—**

3. (a) PRINT FULL NAME **Laura Patterson White**

3. (b) If veteran, name war **-----** 3. (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Harry White** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **July 17, 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	0	29	hr. min.

9. Birthplace **Chariton County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At home**

11. Industry or business

12. Name **Robert A. Patterson**
13. Birthplace **Howard County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Allie Ferguson**
15. Birthplace **Chariton County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harry White**
(b) Address **Fayette, Missouri**

17. (a) **Final** (b) Date thereof **8/18/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Ridge Cem, Fayette**

18. (a) Signature of funeral director **Ralph A. Carr**
(b) Address **Fayette Mo.**

19. (a) **8-23-47** (b) **Doyle J. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **16,**
year **1947** hour **8:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **August 14**
1947 to **August 16, 1947**
that I last saw her alive on **August 16, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral thrombosis** **2 day**
Duration

Due to

Due to

Other conditions
(Includes pregnancy within 3 months of death)

Major findings:
Of operations **g3 B**
Of autopsy

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) **---**
(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?

(Specify type of place) While at work? **---** (e) Means of injury **---**

23. Signature **Doyle J. ...** (M. D. or other) **---**
Address **...** Date signed **8-16-47**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 8-2-47

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, ~~my~~.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed Ralph A. Case
Licensed Embalmer No. 3340
P. O. Address Myrtle 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.