

FILED NOV 4 1948

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3978**

**1. PLACE OF DEATH:**  
 (a) County **Jackson**  
 (b) City or town **Keosauqua**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St Mary's Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 day**  
 (Specify whether years, months or days) **17 hr 15 min**

**3. (a) PRINT FULL NAME** **Thomas Stamper Patterson**  
**3. (b) If veteran,** **no** **3. (c) Social Security** **no**  
 name war **no** No. **no**

**4. Sex** **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced** **n. BI**  
**6. (b) Name of husband or wife** **Infant** **6. (c) Age of husband or wife if alive** **—** years  
**7. Birth date of deceased** **9-29-48**  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**17 hr 15 min**

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

**10. Usual occupation** **new born**

**MOTHER FATHER**  
**12. Name** **Stanley B. Patterson**  
**13. Birthplace** **Jefferson City, Mo**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Martha Cameron Jenkins**  
**15. Birthplace** **Oleans, Ind**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **father Stanley B. Patterson**  
**(b) Address** **Route # 3 Parkville, Mo**  
**17. (a) Burial** **(b) Date thereof** **10-1-48**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Forest Hill Cemetery**  
**18. (a) Signature of funeral director** **Stamps McClure**  
**(b) Address** **3235 Mulhahn Plaza Keosauqua Mo**  
**19. (a) 9-30-48** **Geraldine Holmes**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo** (b) County **Platte** **83**  
 (c) City or town **Village of Platte Woods**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Route # 3 Parkville, Mo**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country **—**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **9** day **29**  
 year **1948** hour **10** minute **55 p. M.**  
**21. I hereby certify that I attended the deceased from** **9-29-48** to **9-29-48**  
 that I last saw him alive on **9-29-48**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **159**  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **See Above**

**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** **Frank B. Roque** (M. D. or other) **MD**  
**Address** **St Mary's Hospital** Date signed \_\_\_\_\_

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

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

10/10/20

**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.....

*William L. Anderson*

Registered Apprentice No. *259*

working under my personal supervision.

Signed *J. J. Allen*

Licensed Embalmer No. *1418*

P. O. Address *170 2nd*

**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.**