

FILED DEC 10 1948

Registration District No. 1

Primary Registration District No. 5007

Registrar's No. 346

1. PLACE OF DEATH:

(a) County ADAIR  
 (b) City or town RURAL -  
(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 63 yrs.  
(Specify whether years, months or days)  
 In this community 63 yrs.

3. (a) PRINT FULL NAME HANNAH MARTHA PATTEN

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

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

6. (b) Name of husband or wife BERTIE G. PATTEN 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased OCTOBER 17 1895  
(Month) (Day) (Year)

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

9. Birthplace ADAIR CO. MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name MARSHALL THOMPSON

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

14. Maiden name SAVINA WISE

15. Birthplace ADAIR CO. MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertie G. Patten

(b) Address Hicksville Mo.

17. (a) BURIAL (b) Date thereof 11-18-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bullion Cemetery

18. (a) Signature of funeral director F. P. Carley

(b) Address Brushfield Mo.

19. (a) 12-1-48 (b) Kate Lambert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR  
 (c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 6-MI- WEST-BRASHFIELD  
(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 16  
 year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 11 1948 to Nov 16 1948  
 that I last saw him alive on Nov 15 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestion of right heart with general edema

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations MD  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury /

23. Signature H. M. McInerney (M. D. or other) MD  
 Address Brushfield Mo. Date signed 11-30-48

Duration

4 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-48-2107

Date Filed DEC 9 - 1948

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 Geo B Casley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdlow 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.