

Evans

FILED MAY 21 1942

Registration District No.

Primary Registration District No. *6920A*

Registrar's No. *15*

1. PLACE OF DEATH:

(a) County *St. Francois*
(b) City or town *Same Terre*
(c) Name of hospital or institution: *None*
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution: *None*
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *St. Francois*
(c) City or town *Same Terre*
(d) Street No. *413 N. Division*
(If outside city or town limits, write "RURAL")
(If rural, give location)
(e) Citizen of foreign country? *0* (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME *MALISA JANE PATTERSON*

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 *Widowed*
6. (b) Name of husband or wife *J. S. Patterson* 6. (c) Age of husband or wife if alive *11* years
7. Birth date of deceased *July 11 1868*
(Month) (Day) (Year)

8. AGE: Years *73* Months *8* Days *22* If less than one day hr. min.

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

10. Usual occupation *Housewife*

11. Industry or business:

12. Name *B. J. Ware*

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

14. Maiden name *Unknown*

15. Birthplace *Unknown*
(City, town, or county) (State or foreign country)

16. (a) Informant *Mrs. John R. Edgar*

(b) Address *Same Terre Mo.*

17. (a) *Burial* (b) Date thereof *April 5, 1942*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Festus Mo*

18. (a) Signature of funeral director *Berham & Co*

(b) Address *313 Benton Same Terre Mo*

19. (a) *4-4-42* (b) *Byrdie Buhamester*
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *April* day *3*
year *1942* hour *6* minute *39 A.* M.
21. I hereby certify that I attended the deceased from *Feb 24* to *April 3* 19*42*
that I last saw her alive on *April 2* 19*42*
and that death occurred on the date and hour stated above.

Immediate cause of death *Pulmonary Tuberculosis - Chronic*

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) *13 1/2*

Major findings: Of operations:

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?

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

23. Signature *B. J. Ware* (M. D. or other)

Address *Bonnetterre Mo* Date signed *4-4-42*

Duration *OK*

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

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

94
2
1

RECEIVED

District Health Officer No. 4
District File Number 542-542
Date Filed 5-11-42

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 and

Leonard John Vargo, Registered Apprentice No. 311
working under my personal supervision.

Signed C. J. Playwell

Licensed Embalmer No. 3706

P. O. Address Bonnie Berré 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.