

FILED APR 25 1945

3059

Registrar's No. 325

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bonne Terre Hospital 1  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois  
(c) City or town Bonne Terre  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. Route 2  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LENA CATHERINE 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 Married  
6. (b) Name of husband or wife James H. Patterson 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Feb. 23 1892  
(Month) (Day) (Year)

8. AGE: Years 53 Months 1 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bonne Terre, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Marcus Joseph Benham  
13. Birthplace Ferry Co., Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Marcella Blanchard  
15. Birthplace Ferry Co., Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Patterson  
(b) Address R. 2 Bonne Terre MO

17. (a) Burial (b) Date thereof 4-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Cemetery

18. (a) Signature of funeral director Edmund Huber  
(b) Address 313 Reelway Bonne Terre MO

19. (a) 4-18-45 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th  
year 1945 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from March 8, 1945 to April 7, 1945  
that I last saw her alive on April 7, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration Several years

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

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

Other conditions Cardiac hypertrophy 3 mos.  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 136 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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature Marvin J. New (M. D. or other) M.D.  
Address Bonne Terre, Mo. Date signed 4/12/45

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

47  
29  
1

RECEIVED

District Health Officer No. 4

District File Number 445-531

Date Filed 4-24-45

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 C. J. Caywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre, 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.