V. S. No. 2
DM—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

Registration District No. 316

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34693

Primary Registration District No. 3059

Registrar's No. 55

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1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Bonne Terre (Town)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 117 Jackson Street
(If not in hospital or institution, write street number or 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 .....
(If outside city or town limits, write "RURAL")
(d) Street No. 117 Jackson Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry Cletus Patterson
3. (b) If veteran, name war ######
3. (c) Social Security No. #######
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Susie Green Patterson
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased February (Month) 2 (Day) 1871 (Year)

8. AGE: Years 71 | Months 8 | Days 23 | If less than one day ..... hr. ..... min.

9. Birthplace Bloomsdale (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business .....

MOTHER FATHER
12. Name William Patterson
13. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sophia Carpenter
15. Birthplace Ste. Genevieve Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Florence Byington
(b) Address Bonne Terre, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NO-27-42 (Month) (Day) (Year)
(c) Place: burial or cremation Leasburg Cemetery Jefferson
18. (a) Signature of funeral director Bonham Und. Co.
(b) Address Bonne Terre, Missouri
19. (a) Oct 27 1942 (Date received local registrar) (b) Byrdie Buhrmaster (Registrar's signature)

1146

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1942 hour 10 minute — P. M.
21. I hereby certify that I attended the deceased from September, 1942, to October, 1942 that I last saw him alive on Oct. 23 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	
Due to: Hypertension Arteriosclerosis	
Due to:	
Other conditions: Occasional hematuria (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ∫ 3t
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? County
(Specify type of place)
While at work? ..... Means of injury .....
23. Signature H. M. Cobler, M.D.
Address Bonne Terre, Mo. Date signed 10/26/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 3

District File Number 1142-1315

Date Filed 11-5-42.

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 Eleanor Ronnie, Registered Apprentice No. ~~Registered Apprentice No.~~, working under my personal ~~supervision~~.

Signed Eleanor Ronnie

Licensed Embalmer No. 3403

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.