

Registration District No. 34

Primary Registration District No. 4519

Registrar's No.

1. PLACE OF DEATH:

(a) County TEXAS
(b) City or town CABOOL
(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
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEXAS
(c) City or town CABOOL
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME CHARLES HIGHLAND PATTERSON

3. (b) If veteran, name war
3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife JULIA PATTERSON 6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCT 12 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business

MOTHER FATHER
12. Name UNKNOWN
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 SOCIAL SECURITY TEXAS CO
(b) Address HOUSTON, MO
17. (a) BURIAL (b) Date thereof 12-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CABOOL

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address CABOOL, MO

19. (a) Dec 6 (b) Gaynell Cunningham
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 3 year 1945 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Killed by train
Duration

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
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) Accident
(b) Date of occurrence 12-3-45
(c) Where did injury occur? Cabool Texas Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public

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

23. Signature E. J. ... (M. D. or other)
Address Houston Mo Date signed 12/4/45

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

RECEIVED

Officer No 5,

District

14698

Date Filled

7-9-46

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

Not Embalmed
Joseph K. Elliott
Coburn

Licensed Embalmer No.....

P. O. Address.....

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.