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-17-39  
X47070

11607

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 467

FILED MAY 3 1948

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 13 Days  
(Specify whether years, months or days) 13 Days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME JAMES B. PATTON

3. (b) If veteran, name war No facts 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, Married, divorced, Widowed

6. (b) Name of husband or wife Not given 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 3, 1890  
(Month) (Day) (Year)

8. AGE: Years 1 Months 28 Days 3 If less than one day hr. min.

9. Birthplace Grundy County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name Birley M. Patton

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

14. Maiden name Annella Baxter

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

16. (a) Informant Ray Pennell

(b) Address Trenton, Mo.

17. (a) Removal (b) Date thereof 4/2/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Mo.

18. (a) Signature of funeral director Walter - Beriman

(b) Address St. Joseph, Mo.

19. (a) 4-27-48 (b) E. B. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1948 hour 4 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Body viewed, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Sudden death  
Due to Arterio-sclerosis

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

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

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 George M. Boteler (M. D. or other)  
Address St. Joseph, Mo. Date signed 4/20/48

Duration  
no facts  
no facts  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

**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..... *Engine Wood*.....

Licensed Embalmer No. *3804*

P. O. Address *319 So 10th, St. Joseph, 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.**