DEC 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38377
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 4611
(c) City Kansas City, Mo. — (d) Street No. 1500 West 12th Street St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joe Valentine Patton
(a) Residence, No. 1717 Princeton Road, Trenton, Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Patton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14, 1881
7. AGE: YEARS 57 — MONTHS 9 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Engineer
9. Industry or business in which work was done, as saw mill, bank, etc.: Rock Island RR
10. Date deceased last worked at this occupation (month and year): 11-25-38
11. Total time (years) spent in this occupation: 31 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Grundy County Missouri

FATHER
13. NAME: Richard Patton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Randolph County Missouri

MOTHER
15. MAIDEN NAME: Jennie Gates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Winnebago County Illinois

17. INFORMANT (ADDRESS): Harry Patton Trenton, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE: Trenton, Mo. DATE: Nov. 26, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. V. Lindsey & Sons 3811 Broadway
20. FILED: Nov 28, 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 10 PM m.
The principal cause of death and related causes of importance were as follows:

Deputy Coroner

Chronic fibrous myocardium
Acute pulmonary congestion and edema

Date of onset

Other contributory causes of importance: 93

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) [signature], M. D.
(Address) Gen Hosp; K. C. Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X14028

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.....

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, above space should be left blank.