

FILED APR 8 1946

Registration District No. 155

Primary Registration District No. 4246

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carl Junction

(c) Name of hospital or institution: 209 Dr. Joplin

(d) Length of stay: In hospital or institution 10 years

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper

(c) City or town Carl Junction

(d) Street No. 209 Dr. Joplin

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James F. Patterson

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex M Color or race W

5. Color or race W

6. (a) Single, widowed, married divorced M

6. (b) Name of husband or wife Alpha Patterson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Feb 7 1854

8. AGE: Years 92 Months 1 Days 5

If less than one day hr. min.

9. Birthplace Alabama

10. Usual occupation Mercantile Business

11. Industry or business Retired

12. Name unknown

13. Birthplace unknown

14. Maiden name unknown

15. Birthplace unknown

16. (a) Informant Alpha Patterson

(b) Address Carl Junction

17. (a) Burial (b) Date thereof 3-14-1946

(c) Place: burial or cremation Carl Junction

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) MCH 16: 46 (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19

year 1946 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from Mar 9 1946 to Mar 12 1946

that I last saw him alive on Mar 9 1946

and that death occurred on the date and hour stated above

Immediate cause of death Angina Pectoris

Due to Coronary Occlusion

Due to Arterial Sclerosis

Other conditions _____

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? _____

(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 P. J. Alberty (M. D. or other) _____

Address Carl Junction Date signed Mar 15 1946

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0209

0209

151

46-3-220

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.