

**FILED** MAY 22 1946

Registration District No.

Primary Registration District No.

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Rural - Vineyard Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT

FULL NAME ALBERT E. PATTON

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex M 5. Color or  
race W

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased April 15 1876  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

69

11

6

hr. min.

9. Birthplace Lawrence Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name John E. Patton

13. Birthplace Lawrence Co., Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Molly J. Messick

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

16. (a) Informant Mrs. Molly J. Patton

(b) Address LaRussel Missouri

17. (a) Burial (b) Date thereof 3/26/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Langston Cemetery

18. (a) Signature of funeral director Roland Engelage

(b) Address Sarcoxia, Missouri

19. (a) 4/14/46 (b) M. S. Burney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21  
year 1946 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from after  
death, 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 probable  
Heart Attack

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 sta-  
tistically.

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) (c) Means of injury 3

23. Signature Herman Burridge Colonel  
Address Aurora Mo Date signed 3/21/46

RECEIVED  
District Health Officer No. 6,  
District File Number 546-582  
Date Filed MAY 15 1946

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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, fact should be so stated above.