

FILED JAN 3 1948

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **1144**

1. PLACE OF DEATH:

(a) County **Springfield**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Springfield Baptist Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days** (Specify whether  
In this community **3 days** years, months or days)

3. (a) PRINT  
FULL NAME

**Ida Patton**

3. (b) If veteran,  
name war

3. (c) Social Security  
No.

4. Sex **Female**  
5. Color or  
race **WHITE**

6. (a) Single, widowed, married,  
divorced **Widowed**

6. (b) Name of husband or wife  
**John M. Patton**

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

Birth date of deceased **February 6, 1879**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**68 10 25** hr. min.

9. Birthplace **Carrollton, Ark.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **In Home**

12. Name **Roland Boyd**

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

14. Maiden name **Boyd**

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

16. (a) Informant **Monte M. Patton**

(b) Address **Green Forest, Ark.**

17. (a) **Removal** (b) Date thereof **1-1-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Green Forest, Ark.**

18. (a) Signature of funeral director **Garner**

(b) Address **Springfield, Mo.**

19. (a) **1-1-48** (b) **H. S. Handley**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Arkansas** (b) County **Carroll**  
(c) City or town **Green Forest**  
(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 **31** day **Dec**  
year **1947** hour **10:22** minute **P** M.

21. I hereby certify that I attended the deceased from **29**  
**Dec**, 1947, to **31** **Dec**, 1947;  
that I last saw her alive on **31** **Dec**, 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Carcinoma of Gall Bladder with  
metastasis to Liver**

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **Explor. Lap. revealed**

**Diag.**

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? ☒

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

23. Signature **Stanley L. Peterson** (M. D. or other) **M.D.**

Address **Springfield, Missouri** Date signed **31 Dec 47**

---

---

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.....

*Lewis G. Scherpf*

Licensed Embalmer No. *3802*

P. O. Address.....

*Springfield, 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. -**