

1. PLACE OF DEATH:

(a) County: Howard
(b) City or town: Amstrong
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: life time
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: BEN PATTON
(b) If veteran, name war: no
(c) Social Security No.: no

4. Sex: male
5. Color or race: negro
6. (a) Single, widowed, married, divorced: married
(b) Name of husband or wife: Lola Patton
(c) Age of husband or wife if alive: 75 years
7. Birth date of deceased: Jan 15 1865
(Month) (Day) (Year)

8. AGE: Years: 80 Months: 3 Days: 8
If less than one day hr. min.

9. Birthplace: mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: labor

12. Name: Ben Patton

13. Birthplace: Howard Co mo
(City, town, or county) (State or foreign country)

14. Maiden name: Lola Brown

15. Birthplace: Howard Co mo
(City, town, or county) (State or foreign country)

16. (a) Informant: Ben F Patton

(b) Address: Independence mo

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: Mar 23 48
(Month) (Day) (Year)

(c) Place: burial or cremation: Private Int

18. (a) Signature of funeral director: H. S. Robinson

(b) Address: Amstrong mo

19. (a) 3-26-48 (b) Miss Joe King
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Emballer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State: mo (b) County: Howard
(c) City or town: Amstrong mo
(If outside city or town limits, write "RURAL")
(d) Street No.: home
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: mar day: 20
year: 1948 hour: 11 minute: 25 AM.

21. I hereby certify that I attended the deceased from Feb 23
1948 only, 19....., to after death, 19.....;
that I last saw him alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death: acute cardiac failure
Duration: 5 min

Due to.....

Due to.....

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations: 200

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? (Specify type of place)

While at work? (Specify type of place)

23. Signature: James D. Allen (M. D. or other) M.D.

Address: Lee 76mp. Fayette, Mo Date signed: 5-10-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-25-48

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. 3001

P. O. Address Anniston

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.