No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

30507

State File No.

FILED OCT 14 1948

Registration District No. 947

Primary Registration District No. 4366

Registrar's No. 40

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Granby Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Newton
(c) City or town: Granby
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Lee Patterson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Male 2
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov. (Month) 3 (Day) 1875 (Year)

8. AGE: Years 72 Months 10 Days 18 If less than one day hr. min.

9. Birthplace: Granby (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired
11. Industry or business

FATHER
12. Name: Hiram Patterson
13. Birthplace: U. Known 7 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Farley
15. Birthplace: U. Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Faye Hagerman
(b) Address: Joplin Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 25 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Cemetery
18. (a) Signature of funeral director: Culver-Stearns
(b) Address: Granby Missouri
19. (a) 9-24-48 (Date received local registrar) (b) M L Young (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 year 1948 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 16, 1948, to Sept 20, 1948, that I last saw him alive on Sept 20, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	3 Mo.
Due to: Arteriosclerotic heart disease	over 1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

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) 2
While at work?
(e) Means of injury

23. Signature: Chas D. Chase (M. D. or other) D.O.
Address: Granby Mo. Date signed 9-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED Newton Co Health
District Health Officer No. [illegible]
District File Number 1948-391
Date Filed 10-13-48

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Casville

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.