

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33283

FILED NOV 12 1948 56

Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2724 East 14th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

3. (a) PRINT

FULL NAME James Newton Patton

3. (b) If veteran,

name war.

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Elizabeth Henderson 6. (c) Age of husband or wife if alive 1867 years
7. Birth date of deceased July 6 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 3 19 hr. min.

9. Birthplace Mt. Vernon-Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Custodian-High School

11. Industry or business.

12. Name Samuel Patton 13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Henderson 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. F. Lenger (b) Address 2724 E. 14th-Joplin, Mo.

17. (a) BURIAL (b) Date thereof 10-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Vernon, Mo.

18. (a) Signature of funeral director Parker-Hunsaker (b) Address 1502 Joplin St-Joplin, Mo.

19. (a) 11-29-48 (b) by Robert Hunsaker (Date received local registrar)

Jefferson City Printing Co.

(Licensed Emballer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 2724 East 14th Street (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26 year 1948 hour 3 minute P.M.

21. I hereby certify that I attended the deceased from 2-6-45 to 10-26-48 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio vascular renal disease Duration 2 1/2 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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? (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) (e) Means of injury

23. Signature Robert Hunsaker (M.D. or other)

Date signed 10/27/48

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

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. *2318*

P. O. Address

Josephine mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.