

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41153

State File No.

Registration District No. 225

Primary Registration District No. 4441

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Clifton Hill
(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
in this community _____
years, months or days)

3. (a) PRINT FULL NAME Carson James 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 married
6. (b) Name of husband or wife Mary M. Carson 6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased December 23 1871
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 13
If less than one day _____ hr. _____ min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Thomas Jefferson Patton
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Bernhetta Daniel
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary M. Patton
(b) Address Clifton Hill, Missouri
17. (a) burial (b) Date thereof 12/8/1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clifton Hill, Missouri

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntville, Mo
19. (a) 12-18-1948 (b) DR. R. A. Bannhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Clifton Hill
(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 December day 6
year 1948 hour 1:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov 17 1948 to Dec 6 1948
that I last saw him alive on Dec 6 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Hemorrhage Duration _____

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 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)
While at work? _____ (e) Means of injury _____
23. Signature M. E. Alexander (M. D. or other)
Address Clifton Hill, Mo Date signed 12/19/48

RECEIVED
District Health Officer No. 10
District File Number 12-48-2179
Date Filed DEC 21 1948

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..... Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntville Md

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.