

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME **Mrs. Lettie M. Van Patten**
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **No.**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Mydert Van Patten** 6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **December 23, 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	2	12	hr. min.

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

10. Usual occupation **at home**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Rev. Eden Muse**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Anderson**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Rev. Lowell A. Van Patten**
(b) Address **3422 St. John Ave., K. C., Mo.**

17. (a) **Burial** (b) Date thereof **2-7-40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sterling, Kansas.**

18. (a) Signature of funeral director **Stine & McClure**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **Mch 7, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri**, (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3422 St. John Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **No.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th**
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from **Sept 1939**
19 to **March 5, 1940**
that I last saw her alive on **March 5, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral infarct & Rupture of 2 days.
Hemo-pericardium! **few minutes**

Due to **Coronary sclerosis** **years.**
Coronary thrombosis.

Other conditions **95%**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy **As above.**
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **E. L. Wilkinson** (M. D. or other) **M.D.**
Address **1103 Grand Ave** Date signed **3/5/40**

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1511

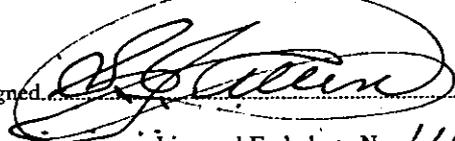
STATEMENT BY LICENSED EMBALMER

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. 1415

P. O. Address 70 P. 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, above space should be left blank.