

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24064**
Registrar's No. **2674**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **K.C. General Hospital**
(d) Length of stay: In hospital or institution **10 days**
In this community **About 40 Yrs.**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **6836 East 12th St. Terrace**
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Clay Patrick**
367
8. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **2nd**
year **1940** hour **1** minute **40 P.** M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Eva Patrick** 6. (c) Age of husband or wife if alive **63** years
7. Birth date of deceased **Nov. 20, 1875**

21. I hereby certify that I attended the deceased from **June 22nd, 1940** to **July 2nd, 1940** and that death occurred on the date and hour stated above.
Immediate cause of death **Luetic heart disease with aortic aneurysm**

8. AGE: Years **64** Months **7** Days **11** If less than one day hr. min.

Other conditions **Hypostatic bilateral broncho-pneumonia**
Major findings: **See above**
Of operations:

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

10. Usual occupation **Grocer**

11. Industry or business **Grocery Store Owner**

12. Name **Henry F. Patrick**

13. Birthplace **Virginia** (City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eva Patrick**

(b) Address **6836 E. 12th St.**

17. (a) **Burial** (b) Date thereof **7-5-40**

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **Rose & Henderson**

(b) Address **City**

19. (a) **July 3, 1940** (b) **M. M. Cramer** (Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **Drury R. Shover** (M. D. or other) **Med. Director, K.C. Gen. Hosp.**
Address **K.C. Mo.**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 J. C. Henderson

Licensed Embalmer No. 3657

P. O. Address.....

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.