S. No. 2
-11-10-39
5-17-39
I X21492

48
3
8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27388

Registrar's No. 3046

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: St Joseph (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 3 days (Specify whether

In this community 35 yrs / years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte 083 0 0

(c) City or town Parkville. Rural (If outside city or town limits, write "RURAL")

(d) Street No. 6 Mi. N. W. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME John Laurence Patterson

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male 0

5. Color or White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Maude Patterson

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. (Month) 26 (Day) 1868 (Year)

8. AGE: Years 73 | Months 6 | Days 2 | If less than one day ___ hr. ___ min.

9. Birthplace Athens (City, town, or county) Pa. 1 (State or foreign country)

10. Usual occupation Farmer & Carpenter

11. Industry or business "

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? Unknown
15. Birthplace ? Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Patterson 1

(b) Address Parkville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 — -41 (Month) (Day) (Year)

(c) Place: burial or cremation Parkville

18. (a) Signature of funeral director Leland H Francis

(b) Address Parkville Mo

19. (a) 8/12/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1941 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 7/25/41, 19__, to 7/28/41, 19__; that I last saw h. — alive on 7/28/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

Duration

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 R R Claffey (M. D. or other) D

Address 1103 Grand Date signed 8/12/41

(Licensed Embalmer's Statement on Reverse Side)

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 L. H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville

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

If this body is not embalmed, above space should be left blank.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27388

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3046

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: St. Joseph (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 da

In this community ~~35 yrs.~~ 3 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Platte

(c) City or town Parkville Rural (If outside city or town limits, write "RURAL")

(d) Street No. 6 mi NW (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME John J. Patterson

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased ..... (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 28 year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h. alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	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)
(b) 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. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY