

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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

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: 3611 Roberts /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 17 Years

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. 13611 Roberts
(If rural, give location)

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

3. (a) PRINT FULL NAME Sallie B. Patrick

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Alexander E. Patrick

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

7. Birth date of deceased June 15 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 5
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jerome Hicks

13. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

14. Maiden name Susan Phillips

15. Birthplace Kentucky /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mae Scott

(b) Address 3611 Roberts

17. (a) Burial (b) Date thereof Nov. 22-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Mt. Washington

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Kansas City, Mo.

19. (a) 11/22/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 20th
year 1941 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Feb-13, 1941, to Nov. 20, 1941;
that I last saw h. alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 6 yrs

Due to Chronic Myocarditis 93 B 7 yrs

Due to _____

Other conditions Arteriosclerosis 7 yrs

Major findings: Of operations _____

Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Allen L. Hearst (M. D. or _____)
Address 1100 P. Inf. Bldg Date signed 11-21-41

Dr. Hearst in Prof. Bldg.

Apr 31 1977

1100 Proq Bldg

Will call for later
Miss (D) Forst

pr 0336

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.....

..... 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, fact should be so stated above.