

FILED DEC 7 1942
Registration District No. 749

Primary Registration District No. 1002

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:
715 West 23rd Street-Frictionless Metal Co
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **25 Years**
years, months or days

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. **5347 Paseo**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mr. Jack Thomas Pate**
(b) If veteran, name war **No**
3. Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **28th**
year **1942** hour **3** minute **05 P.** M.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **Mrs. Bernice Pate**
(c) Age of husband or wife if alive **65** years
7. Birth date of deceased **December 21 1875**
(Month) (Day) (Year)

I hereby certify that I attended the deceased from _____ 19____

that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 11 7 hr. _____ min.

Immediate cause of death **Chronic hypertension, myocardial infarction, aortic aneurysm**
Duration _____

9. Birthplace **Wilmington North Carolina**
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation **Secretary and Salesman**

Other conditions **Chronic general hypertension**
(Include pregnancy within 3 months of death)

11. Industry or business **Frictionless Metal Company**

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy **See above**
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name **John Thomas Pate**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Jack Pate**
(b) Address **5347 Paseo**

17. (a) **Burial** (b) Date thereof **Dec. 1, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer, Sons**
(b) Address **1401 Brush Creek Blvd.**

19. (a) **11-30-42** (b) **m. m. Crowe**
(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? _____ (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 _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **[Signature]** (M. or other) _____
Address **[Address]** Date of issue **11/28/42**

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..... *Emile M. Calhoun*.....
Licensed Embalmer No..... *3506*.....
P. O. Address..... *K. C. 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, fact should be so stated above.