S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5402

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1132

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:
2732 Spruce
(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) 8 Years

In this community

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. 2732 Spruce
(If rural, give location)

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

If yes, name country

48
3
8
0

3. (a) PRINT FULL NAME Mary Elizabeth Patterson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe.

5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased Jan. 26, 1851 (Month) (Day) (Year)

8. AGE: Years 92 Months 1 Days 6 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

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

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

16. (a) Informant Mrs. W. D. Frank
(b) Address 2732 Spruce

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son, Inc
(b) Address Kansas City, Mo.

19. (a) 3-5-43 (Date received local registrar) (b) R. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1943 hour 7 minute 12 P.M.

21. I hereby certify that I attended the deceased from Dec 12, 1942 to Mar 2, 1943 that I last saw him alive on 3-1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure — Duration

Due to Myocardial Degeneration

Due to Senility 93 yr

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation

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) None

(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 J. Thomas Ford (M. D. or other)

Address 311 Ansin Bldg. Date signed 3/5/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Monahan

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 H D Blackman

Licensed Embalmer No. 3639

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.