

S. No. 2
OM-5-42
er. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10473

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Sumner Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Shiway 27 & 1/2 Oak Ave Blue Imp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, write street number or location.
4 years (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Sugar Creek
(If outside city or town limits, write "RURAL")

(d) Street No. 114 So. Galston.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME John Charles Patterson

3. (b) If veteran, name war none

3. (c) Social Security No. 486-05-3665

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Feb - day 21 year 1943 hour 8:45 minute 5 P.M.

21. I hereby certify that I attended the deceased from Sept 6 1938 to Nov 17 1943 that I last saw him alive on Nov 17 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White

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

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Apr 2 1893
(Month) (Day) (Year)

Immediate cause of death: Coronary occlusion Duration Sudden

Due to Arricular fibrillation 1 year

Due to Chronic myocarditis 1 year

Other conditions (Include pregnancy within 3 months of death) 938

8. AGE: Years 49 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Business Asst.

11. Industry or business Custom Printing Co.

12. Name John Patterson

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

14. Maiden name Alice Marie Wilson

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

16. (a) Informant Emma Patterson

(b) Address 114 So. Galston

17. (a) Burial (b) Date thereof 2/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: buried or cremation Woodlawn Cem.

18. (a) Signature of funeral director J. E. Carson

(b) Address Independence Mo

19. (a) 2-24-43 (b) J. E. Carson
(Date received local registrar) (Registrar's signature)

Major findings: 938

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)

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

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

23. Signature Fred W. Hark (M. D. or other) _____
Address Independence Mo Date signed 2/27/43

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

43
0
5

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 *Frank B. Smith*

Licensed Embalmer No. 2767

P. O. Address Wiley, 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.