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M-2-43  
5-17-39  
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30894

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 21 1943 149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3765

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:  
General Hospital # 2 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8-21-43 - 8-25-43  
(Specify whether years, months or days)

In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>

(d) Street No. 2418 Vine, Apt. 5  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) <sup>0</sup>

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TERRANCE PATTERSON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased: April 25, 1943  
(Month) (Day) (Year)

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

4 hr. \_\_\_\_\_ min.

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

10. Usual occupation infant

11. Industry or business \_\_\_\_\_

12. Name Patrick Patterson

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

14. Maiden name Laneline Tall

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

16. (a) Informant Record Clerk

(b) Address General Hospital # 2.

17. (a) Burial (b) Date thereof 8/30/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Stathens B...

(b) Address 1729 Lydia

19. (a) 8-31-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25  
year 1943 hour 8:35 minute P. M.

21. I hereby certify that I attended the deceased from 8-21-43, 19\_\_\_\_, to 8-25-43, 19\_\_\_\_; that I last saw him alive on August 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Enterocolitis

Due to 119a<sup>2</sup>

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. E. Brown (M. D. or other) \_\_\_\_\_

Address Gen. Hosp. #2, 600 E. 22<sup>nd</sup> St. Date signed 8-30-43

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

MOTHER FATHER

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**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.....  
*David Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**