

FILED MAR 18 1944

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **1016**

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:
5012 Smart
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **45 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. **5012 Smart**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **FRANCES GERTRUDE PATTERSON**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **1**
 year **1944** hour **9** minute **45 P.M.**

4. Sex **Fe.** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widow**
 6. (b) Name of husband or wife **Dennis H.** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Jan. 31, 1869**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
July 7, 1944, to March 1, 1944
 that I last saw her alive on **March 1, 1944**
 and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **1** Days **0** If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral Hemorrhage** Duration **3 days**
 Due to **Hypertension** **2 years**

9. Birthplace **Benton County Missouri**
 (City, town, or county) (State or foreign country)

Due to **Senility**

10. Usual occupation **Homemaker**

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

11. Industry or business **None**

Major findings: Of operations _____ Of autopsy _____

12. Name **Unknown**

8301
 Underline the cause to which death should be charged statistically.

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

14. Maiden name **Emily Jones**

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

16. (a) Informant **Miss Mabel Patterson**

(b) Address **5012 Smart**

17. (a) **Burial** (b) Date thereof **3/3/44**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **C. H. Blackman & Sons**

(b) Address **Kansas City, Mo.**

19. (a) **3-3-44** (b) **D. E. Brown**
 (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)

23. Signature **Alan Wisney** (M. D. or other) _____

Address **814 Professional Bldg** signed **3/3/44**

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

8101

(Licensed Embalmer's Statement on Reverse Side)

As seen during

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..... *R. 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.