

FILED JAN 17 1945

Registration District No. **149**

Primary Registration District No. **1002**

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: **St. Mary's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 days**
In this community **as above**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **83**
(c) City or town **Parkville,** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **X** (If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country **no.** **1**

3. (a) PRINT FULL NAME **Baby Stanley Amerson Patterson**

3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **infant**

6. (b) Name of husband or wife **X** 6. (c) Age of husband or wife if alive **X** years

7. Birth date of deceased **December 23 1944**
(Month) (Day) (Year)

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

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

10. Usual occupation **infant**

11. Industry or business **X**

12. Name **Stanley Patterson**

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

14. Maiden name **Martha Jenkins**

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

16. (a) Informant **Stanley Patterson,**
(b) Address **Parkville, Missouri**

17. (a) **Burial** (b) Date thereof **1-4-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **1-3-45** (b) **D. E. Brown**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **2nd**
year **1945** hour **8:30** minute **P** M.

21. I hereby certify that I attended the deceased from **12/24/44**
11/2/45 to **1/2/45**, 19**45**;
that I last saw him alive on **11/2/45**, 19**45**;
and that death occurred on the date and hour stated above.

Immediate cause of death **atelectasis** **9 days**

Due to **Pneumonia 7 1/4 mo**

Due to

Other conditions **159**
(Include pregnancy within 3 months of death)

Major findings:
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) (M. D. or county)

23. Signature **Joseph ...** (M. D. or county)

Address **1103 ...** Date signed **1/3/45**

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

8
3
8

411103
Dr. J. G. Webster
Cliff Beedy
20.11.11

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 E. McPeak

Licensed Embalmer No. [Redacted]

P. O. Address [Redacted]

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.