

**FILED FEB 19 1946**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jacks on,**  
 (a) County **Kansas City**  
 (b) City or town **Kansas City**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**3010 Bellefontaine**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **no.** (Specify whether)  
**since 1882**  
 In this community **since 1882**  
 years, months or days

3. (a) PRINT FULL NAME **Louis Lee 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 **married**  
 6. (b) Name of husband or wife **Roberta Wilhite Patterson** 6. (c) Age of husband or wife if alive **unknown**  
 7. Birth date of deceased: **April 10 1866**  
 (Month) (Day) (Year)

8. AGE: Years **79** Months **9** Days **22** If less than one day **24** hr. min.

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

10. Usual occupation **Shoe Merchant**

11. Industry or business **X**

MOTHER FATHER { 12. Name **Hiram Patterson**  
 13. Birthplace **Missouri** (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary DeVan**  
 15. Birthplace **Virginia** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Roberta W. Patterson**  
 (b) Address **3010 Bellefontaine, Kansas City, Mo**

17. (a) **Burial** (b) Date thereof **2-6-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Stine & McClure,**  
 (b) Address **3235 Gillham Plaza, Kansas City, Mo**

19. (a) **2-5-46** (b) **Seraldine Holmes**  
 (Date received local registrar) (Registrar's signature)

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. **3010 Bellefontaine**  
 (If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country **X**

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **February** day **4**  
 year **1946** hour **6:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **Jan 20**  
 19**46**, to **Feb 4** 19**46**  
 that I last saw him alive on **Feb 3** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Hemorrhage**  
**Hypertension**  
 Due to **Hypertension**  
 Due to **Hypertension**

Other conditions (Include pregnancy within 3 months of death)  
**83a**

Major findings: Of operations **83a**  
 Of autopsy **83a**

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?  
 \_\_\_\_\_

23. Signature **G. R. ...** (Specify type of place) (e) Means of injury \_\_\_\_\_  
 Address **832 Argyle Bldg** Date signed **2/5/46**

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

4803

Dr. Remley

*Example 11/1/19*

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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..... *Robert H. Reed* .....

Licensed Embalmer No. *3745* .....

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.**