

Registration District No. 150

Primary Registration District No. 5574

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Low Jack Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3/4 mi west of Van Buren Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Low Jack Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3/4 mi west
(If rural, give location)

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

3. (a) PRINT FULL NAME Guy F. Patect

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death: Repetitive Coronary Arteriosclerosis

4. Sex in ♂

5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased June 17 1889
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 0
If less than one day _____ hr. _____ min.

9. Birthplace Blue Springs Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John W. Patect

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

14. Maiden name Margaret Ham

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

16. (a) Informant Mrs John Patect

(b) Address 601 S. Oak Independence Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-19-46
(Month) (Day) (Year)

(c) Place: burial or cremation Washingt. R.C.M.

18. (a) Signature of funeral director Wm G. Smith, Son

(b) Address Blue Springs Mo

19. (a) 2/19/46 (b) W. H. Jones
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? A. E. Usher
(Specify type of place) (Cause of injury)

23. Signature A. E. Usher (M. D. or other) Mo
Address 2800 Main Date 2/18/46

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

12420

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.....

R B Webb

Licensed Embalmer No. 2353

P. O. Address Blue Springs 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.