

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3401

State File No. _____

FILED SEP 25 1946

3860

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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 No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days
(Specify whether years, months or days)

In this community unknown

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. 709 1/2 Main
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Joe A. Patterson

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Nov. 1 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1946 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 3 1946 to Aug. 12 1946
that I last saw him alive on Aug. 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular accident

Due to _____

Due to _____

Other conditions Fracture rt. humerus
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
79 9 11 hr. min.

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

10. Usual occupation Railroad laborer

11. Industry or business _____

12. Name George Patterson

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

14. Maiden name Betty Young

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 1

17. (a) KE Nat Soc (b) Date thereof 8-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KE Gen Hosp

18. (a) Signature of funeral director Wm J. ...

(b) Address city ...

19. (a) 9-10-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations 1866-18

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug. 3, 1946

(c) Where did injury occur? K. C. Jackson, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Above address

While at work? No (Specify type of place) Fall
(e) Means of injury Fall

23. Signature Wm W. ... (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 8-13-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Dr. Schumaker

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.....

Blaine E. Weidert

Licensed Embalmer No. *4075*

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.