

**FILED DEC 9 1946**

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **5029**

**1. PLACE OF DEATH:**

(a) County **Jackson City**  
(b) City or town **Jackson City**  
(c) Name of hospital or institution **St. Marys**  
(d) Length of stay: In hospital or institution **1 mo.**  
In this community **50 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Kansas** (b) County **Wyandotte**  
(c) City or town **Jackson City**  
(d) Street No. **725 State Ave**  
(e) Citizen of foreign country? **no**

**3. (a) PRINT FULL NAME**

**Otto L. Patter**

(b) If veteran, name war **no**

(c) Social Security No. **none**

4. Sex **m**

5. Color or race **w.**

6. (a) Single, widowed, married **Widowed**

7. (b) Name of husband or wife **Marie Patter**

6. (c) Age of husband or wife if alive **27** years

7. Birth date of deceased **7-18-66**

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>	<b>4</b>	<b>26</b>	<b>hr min.</b>

9. Birthplace **Ohio**

10. Usual occupation **Retired Engineer**

11. Industry or business **Mo Pacific R.R.**

12. Name **R. E. Patter**

13. Birthplace **Wm. Brown**

14. Maiden name **Wm. Brown**

15. Birthplace **Wm. Brown**

16. (a) Informant **Mrs. W. J. Fitzpatrick**

(b) Address **Greenwich**

17. (a) **Burial** (b) Date thereof **11-30-46**

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Wm. Brown**

(b) Address **Jackson City, Kansas**

19. (a) **11-30-46** (b) **Heralding Holmer**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Nov.** day **28** year **1946** hour **2:00** minute **A.M.**

21. I hereby certify that I attended the deceased from **Sept 30** 19**46** to **Nov 28** 19**46** that I last saw him alive on **Nov 27** 19**46** and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis of Arteries**

Due to **Peptic Ulcer**

Due to

Other conditions

Major findings: **1170**

Of operations

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?

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

While at work (Specify type of place) (e) Means of injury **0**

23. Signature **J. E. Castles** (M. D. **owner**)

Address **1002 Dodge Bldg** Date signed **11-29-46**

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

359934

**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. ~~2798~~  
working under my personal supervision.

Signed Geo. W. Malloy

Licensed Embalmer No. 2798

P. O. Address Hann City, Kan

**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.