

FILED FEB 24 1947

Registration District No. **749**

Primary Registration District No. **1002**

Registrar's No. **714**

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

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: **Vineyard Park Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Week**
In this community **1 Week** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Wyandotte**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **901 Shawnee Road**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME THOMAS L PATTON Sr.

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** **Divorced**
6. (b) Name of husband or wife **Mary** **6. (c) Age of husband or wife if alive** **59** years

7. Birth date of deceased **June 14 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 **8** **0** hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Thomas Patton**

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

14. Maiden name **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas L Patton**

(b) Address **901 Shawnee Road H. C. Kans**

17. (a) Removal **(b) Date thereof** **2/16/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Burlingame, Kansas**

18. (a) Signature of funeral director **Quirk & Robin Co**
(b) Address **20 West Linwood**

19. (a) 2-15-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **14th** day **Feb**
year **1947** hour **7:00** minute **AM** M.

21. I hereby certify that I attended the deceased from **Feb 7 1947** to **Feb 14 1947**
that I last saw him alive on **Feb 14 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Hepatitis** **Duration** **4 days**
Due to **Acute cholecystitis** **14 days**
Due to **Repeated attacks of cholecystitis** **1 yr.**

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

Major findings: **Acute cholecystitis**
Of operations **(no stones)**
Of autopsy **none** **127a**

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) **(c) Means of injury** **0**

23. Signature **J. G. Sheldon** **(M. D. or other)**
Address **422 West** **Date signed** **2-15-47**

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 Howard W. Farmer.....

Licensed Embalmer No. 4134.....

P. O. Address Kansas City, 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.