

No. 2
-12-45
5-17-39
I X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5013
Registrar's No. 501

FILED FEB 17 1947

Registration District No. 1002 Primary Registration District No. 1002

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:
3027 TROOST AVENUE
(If not in hospital or institution, write street number or location)

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

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. 3027 TROOST AVENUE
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME ZELLA IRENE PATTON

3. (b) If veteran, name war NO 3. (c) Social Security No. 496-01-9658

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR CLIFFORD PATTON 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased JAN 4 - 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 0 27 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business.....

12. Name of father JAMES ARTHUR WALKER

13. Birthplace of father MILLER CO MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name of mother LORETHA CRISP

15. Birthplace of mother TUSCUMBIA MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Patton

(b) Address 3027 Troost Ave. K.C. Mo.

17. (a) Burial (b) Date thereof FEB - 3 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director H. H. ...

(b) Address 1401 Brush Creek

19. (a) 2-3-47 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 1ST
year 1949 hour 3 minute 40 M.

21. I hereby certify that I attended the deceased from 2-5, 1949 at 409 9th,
that I last saw h. alive on Jan 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of Ovary
Post operation

Due to Ca of Ovary

Due to primary site in ovary

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

Major findings: Of operations 49a

Of autopsy.....

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 work) (c) Means of injury.....

23. Signature Heraldine Holmes D. or other.....
Address 203 Chestnut Date signed 2-1-47

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

MOTHER FATHER

48
3
8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

W. C. ...

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 Carl Rapp
Licensed Embalmer No. 3458
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.