

S. No. 2
M-12-45
v. 5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27873
Registrar's No. 3342

FILED AUG 19 1947
149

Registration District No. _____ Primary Registration District No. 1002

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether
In this community 45 YRS.
(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. 1400 WOODLAND
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SANFORD PATTERSON
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex MALE 2. Color or race NEGRO
6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased OCTOBER 21, 1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUGUST day 5,
year 1947 hour 12: minute 25 P.A.M.
21. I hereby certify that I attended the deceased from JULY
2 31, 1947 to AUGUST 5, 1947;
that I last saw him IM alive on AUGUST 5, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 9 Days 14
If less than one day hr. _____ min. _____

Immediate cause of death LOBAR PNEUMONIA Duration _____
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 108
Of operations _____
Of autopsy _____

10. Usual occupation LABORER
11. Industry or business _____

MOTHER FATHER { 12. Name SANFORD PATTERSON SR.
13. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)
14. Maiden name ORA BELLE WIGGINS
15. Birthplace TENNESSEE
(City, town, or county) (State or foreign country)

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)
(e) Means of injury _____

16. (a) Informant JULIA PATTERSON (DAUGHTER)
(b) Address 1400 WOODLAND
17. (a) Burial (b) Date thereof 8-9-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln
18. (a) Signature of funeral director H.B. Moore
(b) Address 1820 E. 18th St. Xero
19. (a) 8-6-47 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Drunk (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 8/6/47

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 *A. B. Moore*

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18th st*

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.