—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 33975

Registration District No. FILED OCT 21 1947

Primary Registration District No. 3012

Registrar's No. 133

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: 13 days (Specify whether years, months or days)
In this community: 13 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Kansas (b) County: Wyandotte 999
(c) City or town: Kansas City 14
(If outside city or town limits, write "RURAL")
(d) Street No.: 1940 Swatzel Road 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Lyle W. Patterson
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 707076824

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Zollie Patterson
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: September (Month) 25 (Day) 1893 (Year)

8. AGE: Years 54 Months 0 Days 11 If less than one day ___ hr. ___ min.

9. Birthplace: Kansas City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Clerk
11. Industry or business: C. B. & Q Railroad

MOTHER FATHER
12. Name: Benjamin Patterson
13. Birthplace: London (City, town, or county) England (State or foreign country)
14. Maiden name: Mary Ellen Stark
15. Birthplace: -- (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: Hospital Records, Veterans Administration Hospital
(b) Address: Excelsior Springs, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct. 7, 1947 (Month) (Day) (Year)
(c) Place: Removed to: Kansas City, Missouri
18. (a) Signature of funeral director: NEWCOMERS FUNERAL HOME
(b) Address: Kansas City, Missouri
19. (a) 10/7/47 (Date received local registrar) (b) Caroline Hutching (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6 year 1947 hour 1:50 minute P.M.

21. I hereby certify that I attended the deceased from Sept. 24, 1947 19..., to October 6 1947; that I last saw him alive on October 6 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of the heart	35 min.
Due to: Toxic reaction due to topical application of 2% pantocain to mucous membrane of pharynx	
Due to:	
Other conditions (Include pregnancy within 3 months of death): AUTOPSY FINDINGS: Sub-sternal thyroid, large Acute dilatation of the heart Hepatomegly Bronchiactasis of the left lung Severe bi-lateral varicose veins, both lower extremities	

PHYSICIAN — Underline the cause of 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) -- (e) Means of injury: 0

23. Signature: A. A. Sprong (M. D. or other) M.D.
Address: Veterans Administration Hospital, Excelsior Springs, Mo. Date signed: 10-6-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-16-47

OCT 25 1947
OCT 21

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.

Not Embalmed at time of Removal.

Signed, Bernard L. Doran

Licensed Embalmer No. 4250

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.