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3906

FILED SEP 23 1948

Registration District No. 748

Primary Registration District No. 1289

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Clay Gallatin Twp

(b) City or town R.R. 5 North Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At Home  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X  
In this community 14 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town R.R. 5 North Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. Maple Park Ext.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Richard H. Pattrick

3. (b) If veteran, name war No 3. (c) Social Security No. 487-07-8320

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annabell Pattrick 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Dec 23 1885  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day	
<u>62</u>	<u>9</u>	<u>9</u>	<u>X</u> hr.	<u>X</u> min.

9. Birthplace Chanute Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Boiler Maker

11. Industry or business Same

12. Name George Pattrick

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

14. Maiden name Nettie Evans

15. Birthplace St. Joseph Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Annabell Pattrick

(b) Address R.R. 5 North Kansas City, Mo.

17. (a) Burial (b) Date thereof 9-4-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memoral Park, K.C., Mo.

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address North Kansas City, Missouri

19. Sept 7 - 48 (b) Beulah Kitchener  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2  
year 1948 hour 5:45 minute 2, M.

21. I hereby certify that I attended the deceased from 1948 to 1948  
that I last saw alive on 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration

Due to Coronary Occlusion

Due to Coronary Occlusion

Other conditions: Coronary Occlusion  
(Include pregnancy within 3 months of death)

Major findings: Of operations 940

Of autopsy 940

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) Coronary Occlusion

(b) Date of occurrence Sept 2 1948

(c) Where did injury occur? R.R. 5, N. K. Mo.  
(City or town) (County) (State)

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

While at work? at Home (Specify type of place) (e) Means of injury 2

23. Signature P.W. Procher (M. D. or other)

Address Procher's Springs, Mo. Date signed 9-2-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-27-48

6866  
11/1/48

SEP 28 1948

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.....

Chester L. Manning, Registered Apprentice No. 447

working under my personal supervision.

Signed

Theron O Smith

Licensed Embalmer No. 3925

P. O. Address. North 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.**