FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32091

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1087

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph Mo.
(If outside city or town limits, write "RURAL" and name of towns hip)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether
In this community: 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.: 1319 Mitchell Ave.
(If rural, give location)
(e) Citizen of foreign country?: No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Frank Thomas Patterson
3. (b) If veteran, name war: None
3. (c) Social Security No.: 491-10-7326
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Anna
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March 5, 1880 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	7	9	hr. min.

9. Birthplace: Lone Jack Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Custodian
11. Industry or business: Western Tablet Co.

MOTHER FATHER
12. Name: Joel Patterson
13. Birthplace: Oak Grove Missouri (City, town, or country) (State or foreign country)
14. Maiden name: Laura Miller
15. Birthplace: Unknown Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. G.H.Diederich
(b) Address: 1319 Mitchell Ave., St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/16/1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Norman W. Eidenfalk
(b) Address: 1802 Union Str. St.Joseph Mo.
19. (a) 10-18-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 14 year 1948 hour viewed 2 minute 40 P.M.
21. I hereby certify that I attended the deceased from Oct 14th, 1948, to, 19..; that I last saw h... alive on, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Injuries received When he ran into side of Auto — Duration
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

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): Accident
(b) Date of occurrence: Oct 13th 1948
(c) Where did injury occur?: St Joseph (City or town) Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?: Public Place (Specify type of place)
While at work?: No (e) Means of injury: Auto
23. Signature: B.W. Tadlock Coroner (M.D.)
Address: KING HILL BLDG., St.Joseph, Mo. Date signed: 10/15-48

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

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

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, Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.