

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40298

State File No. _____

5098

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 29 1948
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS
(Specify whether
In this community 2-DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State WASHINGTON (b) County 999
(c) City or town YAKIMA RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#2 Box 800
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR. VERNE CORBLY PATTERSON

3. (b) If veteran, name war No 3. (c) Social Security No. NO NE

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. GERTRUDE PATTERSON
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased: FEBRUARY 5 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 10 8 hr. min.

9. Birthplace: BARNETT KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation RANCHER

11. Industry or business _____

MOTHER FATHER

12. Name GEORGE PATTERSON
13. Birthplace PEORIA ILLINOIS
(City, town, or county) (State or foreign country)
14. Maiden name MARY BROOKE
15. Birthplace UNKNOWN KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. GERTRUDE PATTERSON

(b) Address R.R.#2-Box 800, YAKIMA WASHINGTON

17. (a) REMOVAL (b) Date thereof DEC. 15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation YAKIMA, WASHINGTON

18. (a) Signature of funeral director Paul Niemeyer's Sons

(b) Address 1401 Brook Park Blvd

19. (a) 12-15-48 (b) A. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 13TH
year 1948 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from _____, 19____
that I last saw Pat Patterson alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Encephalomalacia cerebral

Due to Cause undetermined

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

Major findings: Of operations 83C
Of autopsy above

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 place) (e) Means of injury Hill

23. Signature Jack H. Hill (M. D. or other) _____

Address Trinity Lutheran Hosp Date signed 12-15-48

WRITE PLAINLY—USE 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

D. J. Nofsinger

Licensed Embalmer No.

3938

P. O. Address

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.