

1939 JAN 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41788  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kane Primary Registration District No. 1002 Registered No. 4854  
 (c) City Kansas City (d) Street No. Lake side Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louis C. Patterson  
 (a) Residence, No. 322 S. Edmwood St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Patterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
65 4 13

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Watchman  
 9. Industry or business in which work was done, as saw mill, bank, etc. K.C. Wheelabrator  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove, Mo.

FATHER  
 13. NAME Joel B. Patterson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Laura Miller  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Lula Patterson  
322 S. Edmwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove, Mo. DATE Dec 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Newcomer  
Brushcreek & Osage

20. FILED Dec 12, 1938 M. M. Grome  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 24th, 1938, to Dec 10th, 1938  
 I last saw him alive on Dec 10th 1938. Death is said to have occurred on the date stated above, at 7:39 A.M.  
 The principal cause of death and related causes of importance were as follows:  
Urgia Sectors  
probably influenza  
of unknown origin  
abrupt death  
 Date of onset 12/21 1938

Other contributory causes of importance:  
Acute Anemia  
prostatic hypertrophy (20 years)  
fibrotic - prostatic  
 Name of operation prostatectomy Date of Oct 5th 1938  
 What test confirmed diagnosis? Ch. L. S. P. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? — Date of injury —, 19—  
 Where did injury occur? — (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —  
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? Yes  
 If so, specify —  
 (Signed) J. C. Dr. J. J. Dr. J. J. Dr.  
 (Address) 612 Chambers Bldg.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Chamberlain Body  
Jan 20 5:14  
11 - 5:30

**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 *Laurence Jarr*

Licensed Embalmer No. 4031

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**