

JUN 17 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1228 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 4405 Penn
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME WILLIAM C. PATTERSON 362

8. (b) If veteran, name war no 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Nellie Sprinkle 6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased July 25, 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Household

12. Name Lawson Patterson

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

14. Maiden name May Sanderson

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

16. (a) Informant Mrs. J. E. Yoder
(b) Address 4405 Penn

17. (a) Burial (b) Date thereof 5-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Missouri

18. (a) Signature of funeral director Frank A. Rubin Co.

(b) Address Kansas City, Mo.

19. (a) May 7, 1940 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 5 year 40
hour 4:15 minute P.M.

21. I hereby certify that heart attended to deceased from 4:15 P.M.
to 5:00 P.M., 1940;

that I last saw him alive on May 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction
acute coronary occlusion
coronary sclerosis

Other conditions 948
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external cause, 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 UF

23. Signature W. H. Tucker (M. D. or other)
Address K.P. Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

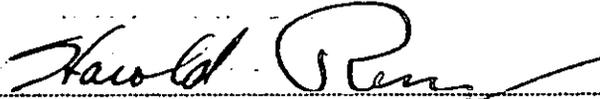
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 4097

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, above space should be left blank.