

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2317

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 324 So Brighton  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 21 Yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Helena Adelaide Patterson 362

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Frank Patterson 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 21 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business 1

12. Name Wm Mc Atee

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

14. Maiden name Weathe Allison

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

16. (a) Informant Del Monte Newton

(b) Address 324 So Brighton

17. (a) Cremation (b) Date thereof June 5 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director: Mrs. C.L. Forster

(b) Address 918 Brooklyn

19. (a) June 5, 1940 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansa City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 324 So Brighton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3  
year 1940 hour 10 minute 20 P M.

21. I hereby certify that I attended the deceased from May 29 39  
June 2 1940, to June 3 1940;  
that I last saw her alive on June 3 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute + Chronic Pulmonary Edema + Congestion

Due to Ventricular Aneurysm

Due to Healed Chd. Coronary Occlusion

Other conditions Chronic Hypertension  
(Include pregnancy within 3 months of death)

Major findings: Diabetes (clinical)

Of operations: 59

Of autopsy: 59

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 !

23. Signature W. Davis M.D. (M. D. or other) \_\_\_\_\_

Address 402 Winchman Bldg Date signed 6-5-40

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

MOTHER FATHER

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**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 Sharon A. Redman

Licensed Embalmer No. 2737

P. O. Address W.C. 2nd

**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.**