

No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUL 7 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20767

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2297

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

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 6 Days  
(Specify whether  
In this community 24 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 211 West 15th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur L. Pattison

3. (b) If veteran, name war No. 3. (c) Social Security No. 487-01-0707

4. Sex Male 5. Color or race White 6. 2 Single, widowed, married, divorced, Widowed

7. (b) Name of husband or wife. Grace H. Pattison 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. Sept. 17th 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 8 26 hr. min.

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

10. Usual occupation Paint Foreman

11. Industry or business K. C. Power & Light Co.

12. Name no Record

13. Birthplace no Record  
(City, town, or county) (State or foreign country)

14. Maiden name no Record

15. Birthplace no Record  
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Vaughn

(b) Address 1330 Baltimore

17. (a) Burial (b) Date of death June 16, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Foster

18. (a) Signature of funeral director J. H. Vaughn

(b) Address 918 Brooklyn

19. (a) 6/16/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March  
1940 to June 13 1941;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure Duration 5 day

Due to Pulmonary fibrosis basal  
Possibly Tuberculous years

Due to Pulmonary tuberculosis

Other conditions 13 B  
(Include pregnancy within 3 months of death)

Major findings: 13 B  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

23. Signature Carl H. ... (M. D. or other) \_\_\_\_\_

Address 704 ... Date signed 6/14/41

**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.....

*Demetrius C. Browning*

Licensed Embalmer No.....

*2724*

P. O. Address.....

*K. C. ...*

**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.**