

Registration District No. 391

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 St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether
In this community 10 Years
years, months or days)

3. (a) PRINT FULL NAME Mr. George W Patton

3. (b) If veteran, name war World War Vet. 3. (c) Social Security No. 487-10-787

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

6. (b) Name of husband or wife Mrs. Elsie Patton 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December 26 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 8 28 hr. min.

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

10. Usual occupation Millinery Buyer

11. Industry or business John Taylor's Dry Goods

12. Name Frank Patton

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

14. Maiden name Clarabelle Grady

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

16. (a) Informant Elsie Patton

(b) Address 708 W 47th St

17. (a) Removal (b) Date thereof 9-23-41
(Burial, cremation, or removal) (City or town) (County) (State)

(c) Place: burial or cremation Forest Lawn Cemetery Glendale, California

18. (a) Signature of funeral director D. H. Newcomer

(b) Address 1401 Brush Creek Blvd

19. (a) 9/23/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
(d) Street No. Haven Hill Apts. 708 W. 47th St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from 1941 to 9/23 1941

that I last saw him alive on 9/23 and that death occurred on the date and hour stated above. 1941

Immediate cause of death acute Myelogenous Leukemia Duration 3 wks.

Due to 7/4

Due to 7/4

Other conditions 7/4
(Include pregnancy within 3 months of death)

Major findings: Of operations 7/4

Of autopsy 7/4

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) 1

(b) Date of occurrence 9/23/41

(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) (d) Means of injury

23. Signature James S Smith (M. D. or other)

Address 318 Professional Bldg Date signed 9/23/41

15 1944

12-5
Professional
1949

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.....

C. Hervey Quisenberry
4070

Licensed Embalmer No.....

P. O. Address.....

A. C. No.

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.