

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33899

Registrar's No. 3837

Registration District No. 399

Primary Registration District No. 1002

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 15 yrs 0
years, months or days)

3. (a) PRINT FULL NAME John Patterson

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

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

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

7. Birth date of deceased Oct 8 1941
(Month) (Day) (Year)

8. AGE: Years 11 Months 02 Days 04 If less than one day _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Joseph Patterson

13. Birthplace K.C. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Agnes Frabian

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

16. (a) Informant Mrs. John Patterson

(b) Address 6628 E. 12th St

17. (a) Burial (b) Date thereof 10/16/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys

18. (a) Signature of funeral director Sheil Edmund Haney

(b) Address Shannon City Mo

19. (a) 10/14/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 6628 E. 12th St. Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
year 1941 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-11-41, 19____, to 10-13-41, 19____;
that I last saw him alive on 10-13-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute pericarditis; acute endocarditis with infarcts of lung

Due to _____
Due to 91 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See above

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 Mary R. Thore (M. D. or other) 0
Address Med. Dir. K.C. Gen. Hospital 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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.