

FILED JAN 30 1943

Registration District No. 199

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:
1008 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 2 months (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. 1008 Paseo
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Patricia Ann Weeks

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Femal

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

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

7. Birth date of deceased Nov. 12 1942
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>2</u>	<u>5</u> hr. min.

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

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER { 12. Name Era Emerold Weeks

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

14. Maiden name Helen Irene Jewett

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

16. (a) Informant Mrs E.E. Weeks

(b) Address 1008 Paseo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Jan 20 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem.

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

(b) Address 918 Brooklyn

19. (a) 1-18-43 (Date received local registrar)

(b) W. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17 1943
year 1943 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from
..... 19..... to 19.....
that I last saw h. Deputy Coroner 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Bronchopneumonia

Due to.....
107'

Due to.....

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

PHYSICIAN

Major findings:
Of operations.....

Of autopsy See Above

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?

23. Signature A.E. Washer (M. D. or other)
Address 23rd Mc Kay Date signed 1/17/43

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

Denzil C. Browning

Licensed Embalmer No.

2724

P. O. Address

H. E. 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.