

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5403

State File No.

Registrar's No.

1076

MAR 15 1943

Registration District No.

Primary Registration District No.

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 hrs.
(Specify whether years, months or days) 3 hrs.
In this community 3 hrs.

3. (a) PRINT FULL NAME Edward Albert PATTON.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March 1st 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 3 hr. — min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Donnie Patton
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Carroll Lee Brown
15. Birthplace West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Donnie Patton.

- (b) Address 3337 Paseo Blvd.

17. (a) Burial (b) Date thereof 3-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Kansas City Forest Hill

18. (a) Signature of funeral director Melody McGilley

- (b) Address Kansas City Mo.

19. (a) 3-2-43 (b) M. M. Croome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3337 Paseo Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1943 hour 8 minute 05 A.M.

21. I hereby certify that I attended the deceased from Mar 1, 1947 to Mar 1, 1947

that I last saw him alive on Mar 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration

Due to Pneumonia of only 5 months gestation

Due to 1943

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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)
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 Hub. Hamer (M. D. or other) MD

Address 1107 Bryant Bldg. Date signed Mar 1, 1943

*Carlton
balmer*

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..... *Russell N. France*

Licensed Embalmer No..... *4255*

P. O. Address..... *KC MO*

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.