

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

24016

State File No.

3496

Registration District No. 149

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:  
At Home-- 2507 Park /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. (Specify whether  
 In this community 25 years  
 years, months or days)

3. (a) PRINT FULL NAME Carrie Patton

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

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

6. (b) Name of husband or wife James C. Patton 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased October 3, 1882  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 9 28 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name E. W. Hayes

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

14. Maiden name Martha

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

16. (a) Informant James C. Patton

(b) Address 2507 Park Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/6/43  
 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Thompson Bros

(b) Address 1729 Lydia

19. (a) 8-6-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

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. At Home-- 2507 Park  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 Saturday  
 year 1943 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from July 31 1943  
3D 1943 to July 31 1943  
 that I last saw her alive on July 31 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart  
 Duration

Due to 95c4

Due to

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)

(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 L. J. Richardson (Name) or other

Address 1832 Vine Date signed 8-4-43

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 Jerome Manlove  
Licensed Embalmer No. 3994  
P. O. Address 7503 Highland

**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.**