

FILED MAY 11 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1937

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
4610 Montgall
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 20yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME LON MAY PATTERSON

3. (b) If veteran, name war no

3. (c) Social Security No. 486 09 025

4. Sex Male 5. Color or race Wh

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

6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 17th 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Sears Roebuck & Co

11. Industry or business

MOTHER FATHER { 12. Name Robert L. Patterson

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

14. Maiden name Carroll

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

16. (a) Informant Mrs Mary E. Patterson

(b) Address 4610 Montgall

17. (a) Burial (b) Date thereof May 4th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood

19. (a) 5-3-44 (b) D. E. Brown
(Date received local Registrar) (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. 4610 Montgall
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2d
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from 1944 to 1944,
that I last saw him Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93%

Major findings:
Of operations
Of autopsy Inspection History

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?

(Specify type of place) While at work (e) Means of injury

23. Signature D. E. Brown (M. D. or other) 28 May 1944
Address Date signed

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

Glenn E. Heck

Licensed Embalmer No.

4063

P. O. Address

1800 Linwood Blvd

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.