

FILED APR 27 1944

Registration District No. _____

Primary Registration District No. 5289

Registrar's No. 47

1. PLACE OF DEATH:

(a) County. Clay
(b) City or town. NO. Kans. City, Mo. R.K.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(Home) Ballatin Sup
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Clay
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. No. Kansas City, Mo. R.K.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William L. Patterson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 4-91-20-4895

4. Sex. M 5. Color or race. W
6. (b) Name of husband or wife. Julia M. 6. (c) Age of husband or wife if alive. 50 years
7. Birth date of deceased. April 27 1887
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation. Filling Station Operator

11. Industry or business. Business

12. Name. C.C. Patterson

13. Birthplace. Tex - Ky
(City, town, or county) (State or foreign country)

14. Maiden name. Mary C. Jones

15. Birthplace. Tex - Ky
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Julia M. Patterson

(b) Address. R. 4 - No. Kansas City, Mo.

17. (a) Burial (b) Date thereof. Apr 20 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Leon, Iowa

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

(b) Address. No. Kansas City, Mo.

19. (a) Apr 18 - 1944 (b) Rush N. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15
year 1944 hour 11:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 13 1944 to April 15 1944
that I last saw him alive on 4-15-44 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 7 hrs.

Due to _____

Due to _____

Other conditions. (Include pregnancy within 3 months of death) § 32

Major findings: _____

Of operations _____

Of autopsy _____

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 Rune Wadge (M. D. or other) _____

Address North Kansas City, Mo. Date signed 4/18/44

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

4
6
0

MOTHER FATHER

1021

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wadge

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed.....

4-25-44

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.....

John S. Mott

Licensed Embalmer No. 4349

P. O. Address. No 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.