

State File No. **26948**
Registrar's No. **3505**

SEP 7 1944

Registration District No. **1944/9**

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:
2327 Flora
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60yrs** (Specify whether
In this community **60yrs** years, months or days)

3. (a) PRINT FULL NAME **Lila Patton**
3. (b) If veteran, name war **no** **3. (c) Social Security** No. **none**
4. Sex **Fe** **5. Color or** **Col** **6. (a) Single, widowed, married,** **wid**
4. (b) Name of husband or wife **deceased** **6. (c) Age of husband or wife if** **alive** **years**
7. Birth date of deceased **Unk** **1869**
(Month) (Day) (Year)

8. AGE: Years **75** Months **Unk** Days **0** If less than one day
hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Unk**

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

14. Maiden name **Unk**

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

16. (a) Informant **Ida Estell**

(b) Address **2450 Highland**

17. (a) Burial **Highland** **(b) Date thereof** **8-25-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **Watkins Bros. Unit**

(b) Address **1729 Lyden**

19. (a) 8-28-44 **(b) N. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2327 Flora** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **21**
year **1944** hour **10:45** minute **P.M.**

21. I hereby certify that I attended the deceased from **July 10, 1944, to Aug 21, 1944;**
that I last saw h. alive on **Aug 21, 1944;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** **Duration** **30 days**

Due to **Chronic nephritis** **30 days**

Due to **hypertension** **?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131b**

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 **Richard S. Brown** (M. D. or other)

Address **2434 34th** **Date signed** **8-25-44**

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

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Hubler

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.....

J. J. Manlove

Licensed Embalmer No. *3794*

P. O. Address *2503 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.