V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 22 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30267

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3642

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:
1330 Grafield Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 40yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1330 Garfield 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Leless Patterson

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex 3 Female

5. Color or race Col

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

6. (b) Name of husband or wife David Patterson

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec. (Month) 29 (Day) 1897 (Year)

8. AGE: Years 46 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Shreveport, (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Hattie Hall
15. Birthplace Shreveport, (City, town, or county) La. 1 (State or foreign country)

16. (a) Informant David Patterson

(b) Address 1330 Garfield

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9/ 9/44 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 9-8-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 4
year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from 7/13/44, 19..., to 9/1, 1944
that I last saw her alive on 9/1/44, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	2 wks
Due to Schirrous Carcinoma Rt. Breast	6 mo
Due to Generalized Carcinomatosis	2 mo.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 50

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?
no
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. Miles Nason (M. D. or other)

Address Brotherhood Bldg. KCKs Date signed 9/7/44

(Licensed Embalmer's Statement on Reverse Side)

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. 3994

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.