

**FILED NOV 14 1944**  
 Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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: LAKESIDE HOSPITAL 0  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1-DAY (Specify whether  
17 YEARS (Specify whether  
 years, months or days)

**3. (a) PRINT FULL NAME** MRS. DAISY DEAN LONG PATTERSON  
 3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife MR. CHARLES A. PATTERSON 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased SEPTEMBER 20 1890  
 (Month) (Day) (Year)

**8. AGE:** Years 54 Months 1 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace CAMDEN COUNTY MISSOURI  
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

**MOTHER FATHER** { 12. Name JOHN ELLIOTT LONG JR

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

14. Maiden name SARAH MICHAEL

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

16. (a) Informant MR. CHARLES A. PATTERSON

(b) Address 5409 EAST 12TH STREET

17. (c) BURIAL (b) Date thereof NOV 1 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BUCKNER MISSOURI

18. (a) Signature of funeral director D. H. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 10-31-44 (b) N. 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. 5409 EAST 12TH STREET  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month OCTOBER day 28<sup>TH</sup>  
 year 1944 hour 7 minute 55 A. M.  
 21. I hereby certify that I attended the deceased from Oct 27<sup>th</sup>  
 1944 to Oct 28 1944  
 that I last saw her alive on Oct 28 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>acute myocarditis (N.M.D.)</u>	<u>1 day</u>
Due to <u>Chronic Nephritis</u>	<u>3 years</u>
Due to <u>acute Intestinal obstruction (N.M.D.)</u>	<u>1 day</u>
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:  
 Of operations 131 f.  
 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?

23. Signature Dr. Carl T. Moore (M. D. or other) MD  
 Address 6508 E. 37th, K.C. MO Date signed 10-28-44  
 (Specify type of place) \_\_\_\_\_ (e) Means of injury 2

NOV 28 1944

1-5  
6508 East 37th Street

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 *Oscar H. H. H.*

Licensed Embalmer No. *1767*

P. O. Address *122 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.