V. S. No. 2
0M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5278 615

FILED FEB 17 1945
Registration District No. 7-9

Primary Registration District No. 1002

Registrar's No.

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:
2624 Independence Avenue, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. days
In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 2
(If outside city or town limits, write "RURAL")
(d) Street No. 3234 Jefferson, 3
(If rural, give location) 8
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Jesse F. Patton
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Female
5. Color or race White / 1
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hettie Patton
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased August (Month) 15 (Day) 1855 (Year)

8. AGE: Years 89 Months 5 Days ~~19~~ 21 If less than one day hr. min.

9. Birthplace Georgia (City, town, or county) / (State or foreign country)
10. Usual occupation at home,
11. Industry or business Retired Farmer

MOTHER FATHER
12. Name Robert Patton
13. Birthplace Georgia / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Bolin,
15. Birthplace Georgia, / (City, town, or county) (State or foreign country)

16. (a) Informant Cecil Brown,
(b) Address 3234 Jefferson, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-8-45 (Month) (Day) (Year)
(c) Place: burial or cremation Platte City, Missouri,
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 2-7-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th year 1945 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from Jan 16, 1945, to Feb. 6, 1945, that I last saw him alive on Feb 6, 1945 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Chr. Myocarditis
Due to Chronic
Acute nephritis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 13 1 6
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr. Sidney B. Wray (M.D. or other) D.O.
Address 804 W. 53rd St. Date signed 2/7/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Devin Altman Bldg.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.