S. No. 2
M—5-43
. 5-17-39
I X36671

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. 12493

FILED MAY 3 1945

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 1745

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K. C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 822 E. 10th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether
In this community 84 yrs.
years, months or days)

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. 822 E. 10th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Rev. James W. Patton

3. (b) If veteran, name war no.

3. (c) Social Security No. no

4. Sex Male

5. Color race Col.

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

6. (b) Name of husband or wife Ruth Patton

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased 3 (Month) - 10 (Day) - 1866 (Year)

8. AGE: Years 79 | Months 1 | Days 3 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Ministery

11. Industry or business

FATHER
12. Name Geo. W. Patton
13. Birthplace (City, town, or county) Tenn! (State or foreign country)

MOTHER
14. Maiden name Harriet
15. Birthplace (City, town, or county) Tenn! (State or foreign country)

16. (a) Informant Henry H. Patton Bro.
(b) Address 1612 Agnes

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-19-45 (Month) (Day) (Year)
(c) Place: burial or cremation Independence Kans.

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K. C. Mo.

19. (a) 4-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 13
year 1945 hour 9:00 minute ? A. M.

21. I hereby certify that I attended the deceased from ____, 19____;
that I last saw h Deputy Coroner. , 19____;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Cerebral Hemorrhage	
Due to Apoplexy	1
Other conditions (Include pregnancy within 3 months of death)	83 w
Major findings: Of operations	
Of autopsy Dup. History	

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) Means of injury

23. Signature J. F. Richardson (M. D. or other)
Address 1832 Tracy Date signed 4-17-45

(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.....

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.