. S. No. 2
M—8-43
v. 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

33459

State File No.

FILED OCT 23 1945

Registration District No. 39 Primary Registration District No. 4097 Registrar's No. 21

1. PLACE OF DEATH:
(a) County: Cass
(b) City or town: Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 104 – 5th Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: At Home (Specify whether
In this community: 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cass 17
(c) City or town: Harrisonville 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 104 – 5th St. 6
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John Horton Patterson
3. (b) If veteran, name war: –
3. (c) Social Security No.: –
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Inez Barnard.
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Oct. (Month) 12 (Day) – 1863 (Year)

8. AGE: Years 82 Months 0 Days 0 If less than one day – hr. min.

9. Birthplace: New York (City, town, or county) N.Y. 1 (State or foreign country)
10. Usual occupation: Wire Chief Telephone Co.
11. Industry or business:
MOTHER FATHER
12. Name: John Patterson
13. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)
14. Maiden name: Agnes Jeffrey
15. Birthplace: Ohio 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Inez Patterson
(b) Address: Harrisonville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct 14 – 45 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakland Cemetery
18. (a) Signature of funeral director: Allison Bros.
(b) Address: Harrisonville Mo.
19. (a) Oct-12-45 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1945 hour 6 minute – A.M.
21. I hereby certify that I attended the deceased from June, 1945, to Oct. 11, 1945, that I last saw him alive on Oct. 11, 1945, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Heart Failure
Due to: Cerebral Hemorrhage & arteriosclerosis & Senility
Due to:
Other conditions (Include pregnancy within 3 months of death):

PHYSICIAN

Major findings:
Of operations:
Of autopsy: 47

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. Paul Green (M. D. or other) D.O.
Address: Harrisonville, Mo. Date signed: Oct 12 45

1433 (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~~ personally;

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville 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.