

S. No. 2  
1-8-43  
5-17-39  
P I X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1665

State File No.

Registrar's No.

5469

FILED JAN 21 1946

Registration District No.

Primary Registration District No. 1002

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD  
100268

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:  
Kansas City General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 Days  
(Specify whether  
In this community 38 Years  
years, months or days)

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. 621 West 43rd. Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM A. PATRICK

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha E. Patrick 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased March 30th, 1874  
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 29 If less than one day  
hr. min.

9. Birthplace Blue Island Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

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

MOTHER FATHER { 12. Name Walter Patrick  
13. Birthplace Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Phillips  
15. Birthplace Blue Island Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant D. C. Patrick  
(b) Address 4144 Warwick Blvd.

17. (a) Burial (b) Date thereof 12/31/ 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery  
Freeman Mortuary & Chapel

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 104 West 42nd Street

19. (a) 12-31-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th.  
year 1945 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
Home that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis - pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
Of autopsy no history & suggestion 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) (e) Means of injury Home

23. Signature Jean Cadher (M. D. or other) \_\_\_\_\_  
Address 1424 Prof. Blvd Date signed 12-30-45

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**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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**