

FILED AUG 5 1946

Registration District No. **149**

Primary Registration District No. **1002**

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:
GENERAL HOSPITAL NO. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 1/2 hrs.** (Specify whether
In this community **4 1/2 hrs.** years, months or days)

3. (a) PRINT FULL NAME **INFANT PATTON**

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

4. Sex **MALE** 21 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **JULY 24, 1946**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 hr. 30 min.

9. Birthplace **KANSAS CITY** **MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **NONE**

11. Industry or business **NONE**

12. Name **BENJAMIN PATTON**

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

14. Maiden name **SUSIE CHILDRESS**

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

16. (a) Informant **SUSIE PATTON (Mother)**

(b) Address **1517 N. Main; Independence, Mo. 225-46**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-25-46** (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **W. H. Appleton Jones**

(b) Address **City**

19. (a) **7-25-46** (Date received local registrar) (b) **Geraldine Holme** (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. **1517 N. Main-Independence**
(If rural, give location) **Mo. 2**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **24**,
year **1946** hour **4:** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **JULY 24, 1946** to **JULY 24, 1946**;
that I last saw him alive on **JULY 24, 1946**;
and that death occurred on the date and hour stated above.
Immediate cause of death **PREMATURITY**
(7 mos. 4 lbs. 8 ozs.)

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature **Geraldine Holme** (M. D. or other)

Address **GENERAL HOSPITAL NO. 2** Date signed **7/25/46**

(Licensed Embalmer's Statement on Reverse Side)

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

22606

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.