

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1271

State File No. _____

FILED FEB 11 1947

Registration District No. _____

Primary Registration District No. 1602

Registrar's No. 372

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: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether years, months or days) 2 weeks

3. (a) PRINT FULL NAME Patton, Mr. George A.

3. (b) If veteran, name war NO
3. (c) Social Security No. 487-12-5493

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CATHRYN PATTON
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased APRIL 17, 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 9 Days 9
If less than one day hr. _____ min. _____

9. Birthplace RAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INTERIOR DECORATOR

11. Industry or business PAINTING

12. Name HENRY H. PATTON

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

14. Maiden name MARY A. BRIZENDINE

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

16. (a) Informant Mrs. G. A. Patton

(b) Address EXCELSIOR SPRINGS, MO.

17. (a) REMOVAL (b) Date thereof 1-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EXCELSIOR SPRINGS, MO.

18. (a) Signature of funeral director Blaird Richard

(b) Address EXCELSIOR SPRINGS, MO.

19. (a) 1-26-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24
(c) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 340 LINDEN
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26
year 1947 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from JANUARY 11, 1947 to JAN. 26, 1947
that I last saw him alive on JAN 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage & left hemiplegia Duration 2 1/2 days

Due to Generalized arteriosclerosis yrs. 40

Due to Coronary artery heart disease yrs. 50

Other conditions E. longitudo femoris
(Include pregnancy within 3 months of death)

Major findings: Of operations 938

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 1

23. Signature Robert E. Walker (M. D. or other) _____

Address 836 Prof. Bldg. Date signed 1/26/47

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

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, only.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

E. E. White

Licensed Embalmer No. 4168

P. O. Address Emulation Springs, Ga.

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.