

3. No. 2
-12-45
5-17-39
P I X47070

FILED MAR 26 1947
Registration District No. **76**

Primary Registration District No. **5568**

Registrar's No. **70**

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

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:
9408 Independence Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 40 years

3. (a) PRINT FULL NAME ROBERT COLLIE PATTON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-03-7805
 4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Josephine 6. (c) Age of husband or wife if alive 64 years
 7. Birth date of deceased January 23 1877
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>1</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Peoria Ill
(City, town, or county) (State or foreign country)
 10. Usual occupation Printer
 11. Industry or business Kansas City Kansas
 12. Name Robert Patton
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Mc Coy
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Robert D. Patton
 (b) Address 585 Glenwood
 17. (a) Removal (b) Date thereof 3-8-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hiawatha Kansas
 18. (a) Signature of funeral director C. H. Blackman & Son, Inc
 (b) Address 2825 Independence Blvd. K. City Mo
 19. (a) 3-15-47 (b) [Signature]
(Date received local registrar) (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. 9408 Independence Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

48000

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
 year 1947 hour 9 minute 50 P. M.
 21. I hereby certify that I attended the deceased from March 6 1947 to Mar 6 1947
 that I last saw h.i.m. alive on March 6 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 30 min

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 94 Pt
 Of operations _____
 Of autopsy _____

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) (e) Means of injury _____
 23. Signature Charles Nelson J. [Signature]
 Address Independence Mo. Date signed 3/16/47

JUN 23 1948

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 O. K. McFarland

Licensed Embalmer No. 4397

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.