S. No. 2
DM—5-43
v. 5-17-39
I - X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17565
Registrar's No. 2163

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: 425 N. BELMONT 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS (Specify whether
In this community 7 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 425 N. BELMONT 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WALTER DEE PATREY
3. (b) If veteran, name war WORLD WAR I
3. (c) Social Security No. 702-14-2711
4. Sex MALE C
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife NITA B. PATREY
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased DEC. (Month) 30 (Day) 1893 (Year)

8. AGE: Years	Months	Days	If less than one day
53 ~~60~~	4	15	hr. min.

9. Birthplace CHICAGO (City, town, or county) ILLINOIS 1 (State or foreign country)
10. Usual occupation CLERK
11. Industry or business M.O.P. RR
FATHER
12. Name WILLIAM W PATREY
13. Birthplace BLUFFTON (City, town, or county) INDIANA 1 (State or foreign country)
MOTHER
14. Maiden name MATTIE LEEPER
15. Birthplace UNKNOWN (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Nita B. Patrey
(b) Address 425 N. Belmont Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 16, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Pocahontas, Ark.
18. (a) Signature of funeral director W. W. Newcomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 5-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 15 year 1947 hour 4 minute 45 P M.
21. I hereby certify that I attended the deceased from Oct 29, 1946 to May 15, 1947
that I last saw him alive on May 15, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	long standing
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death) Left kidney had been removed	
Major findings: Of operations 1860	
Of autopsy 18	

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) slipped in bath tub 123
(b) Date of occurrence about three weeks prior to death
(c) Where did injury occur? in his Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury fall 0
23. Signature Dr. Andrie G. Nace (M. D. or other) DS
Address 2121 Sterling Date signed 5/16/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 1941

2121 Sterling

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 D. J. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City, M

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.