

FILED NOV 29 1947/49

Registration District No. _____

Primary Registration District No. 1001

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:
1004 Wyandotte Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community None
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1115 Quindaro Blvd.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Guy A. Patterson Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. 50-407-2071

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Hazel Patterson

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 18 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>61</u>	<u>6</u>	<u>0</u>	<u>0</u> hr. _____ min.
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9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name M. Burr Patterson

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

14. Maiden name Elizabeth Ann Adams

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

16. (a) Informant Mrs. Hazel Patterson

(b) Address 1115 Quindaro Blvd., K. C., Mo.

17. (a) Removal (b) Date thereof 11-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, K. C., Mo.

18. (a) Signature of funeral director Bill Daniels

(b) Address Kansas City, Kansas

19. (a) 11-20-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 18
year 1947 hour 2:05 minute 1 M.

21. I hereby certify that I attended the deceased from before, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93 1/2

Major findings: Of operations _____

Of autopsy no
History & Inspection

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 3

23. Signature Jessie M. Walker (M. D. or other) _____
Address 1424 Prosper Blvd Date signed 11-18-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Blaine C. Weiler

Licensed Embalmer No.....

4075

P. O. Address.....

K.C. 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.