

No. 300
M-10-47
v. 5-17-39
I 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29907
Registrar's No. 3856

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City - Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kansas C. Ty Tuberculosis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days) 27 YRS.

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. 2112 Park
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Patterson, Mayme

3. (b) If veteran, name war

no

3. (c) Social Security No. 490-16-9145

4. Sex female

5. Color or race negro

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

6. (b) Name of husband or wife Patterson, Willie -

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Aug. 23 1907

8. AGE: Years 44 Months 0 Days 24

If less than one day hr. min.

9. Birthplace Center

Texas

10. Usual occupation housewife

11. Industry or business

12. Name Greer Toba

13. Birthplace ?

No. Carolina

14. Maiden name unknown

15. Birthplace ?

No. Carolina

16. (a) Informant H. C. T. B. Hospital

(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof 9/21/48

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director William Brown

(b) Address 1729 Lyndon

19. (a) 9-21-48 (b) Geraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept. day 17 year 1948 hour 9 minute 9 A.M.
21. I hereby certify that I attended the deceased from Sept 17, 1947 to Sept 17, 1948
that I last saw her alive on Sept 17, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced Primary Tuberculosis

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 138

Duration
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 George K. Luchis (M. D. or other) M.D.
Address Kansas City, Mo. Date signed

1967 8 1 NDT

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..... *J. Menlove*.....
Licensed Embalmer No. *3944*.....
P. O. Address *2503 Highland*.....

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.