

No. 2
-1-4-3
5-17-3
I X26390

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
707 North 10th. Street,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 43 years, (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buchanan,
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 707 North 10th. Street
(If rural, give location)
(e) Citizen of foreign country? Yes, (Yes or No)
If yes, name country England,

3. (a) PRINT FULL NAME William John Patterson,

3. (b) If veteran, name war None, 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gertrude Patterson, 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October 18, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 3 hr. min.

9. Birthplace London, England,
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Merchant,

11. Industry or business Wholesale,

12. Name William Patterson,

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

14. Maiden name Unknown,

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

16. (a) Informant Mrs. Mrs. J. Patterson
(b) Address 707 North 10th. Street,

17. (a) Burial (b) Date thereof 7/23/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.
18. (a) Signature of funeral director Walter B. Bowman
(b) Address 319 So. 10th. Street, St. Joseph

19. (a) 7-23-1941 (b) H. Westhusch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st.
year 1941 hour 7:00 a minute a. M.

21. I hereby certify that I attended the deceased from May 21-41
19 to July 21 19 41
that I last saw him alive on July 17 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial infarction
Duration

Due to 93.8

Due to Cephalitis, Prostatitis
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no

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 H. Westhusch (M. D. or other)
Address 4019 Galloway Bldg. Date signed July 21-41

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, or by July 21,

Registered Apprentice No. _____

working under my personal supervision.

Signed Wm. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th, Memphis

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.