

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

35592
Do not use this space.

1. PLACE OF DEATH

(a) County BUCHANAN Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001 Registered No. 1113
 (c) City ST. JOSEPH (d) Street No. ST. JOSEPH HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 507 R.F. #2 St. St. Joseph Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 - 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo

13. NAME Jacob L. Lloyd Payne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wabaton Mo

15. MAIDEN NAME Viola Grace Lynch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

17. INFORMANT (ADDRESS) Jacob L. Payne St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE At home DATE 10/30/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray Stansley St. Joseph Mo

20. FILED Oct 30 1939 A. J. Neel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1939 to Oct 28, 1939

I last saw her alive on Oct 28, 1939 Death is said to have occurred on the date stated above, 6:30 m.

The principal cause of death and related causes of importance were as follows:

Cremation Date of onset _____

Other contributory causes of importance: 154

Name of operation no Date of _____

What test confirmed diagnosis? Cholesterol Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease of injury in any way related to occupation of deceased? no

If so, specify Cholesterol

(Signed) A. J. Neel, M. D.

(Address) 236 Chestnut St. St. Joseph Mo

WRITE PERMANENT, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1939 OCT 20

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....
John H Hurley....., Registered Apprentice No.....
working under my personal supervision.

Signed John H Hurley
Licensed Embalmer No. 4050
P. O. Address 23355 Joseph

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, above space should be left blank.