

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE NOV 2 1939 MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. 36276

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 315

1. PLACE OF DEATH: (a) County Jackson (b) City or town Independence (c) Name of hospital or institution Indep. Sanitarium (d) Length of stay: In hospital or institution

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County Jackson (c) City or town Sugar Creek (d) Street No. 10805 Scarritt

3. (a) PRINT FULL NAME: Tomo Payne 600 (b) If veteran, name war none (c) Social Security No. none

20. DATE OF DEATH: Month 10 day 10 year 1939 hour minute 11:00 A.M.

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married (b) Name of husband or wife Henry Payne (c) Age of husband or wife if alive 44 years 7. Birth date of deceased Sept 7 1897

21. I hereby certify that I attended the deceased from 2/9 1939, to 10/15 1939, that I last saw her alive on 10/15 1939, and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 1 Days 8 If less than one day hr. min.

Immediate cause of death Embolic Linn

9. Birthplace Cuga Slovakia (State or foreign country)

Due to (?) 174

10. Usual occupation House wife

Other conditions nephritis chr. (Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Frank Urbanac 13. Birthplace Jugoslovakia 14. Maiden name Anna Urbanac 15. Birthplace Jugoslovakia

Major findings: Of operations Of autopsy

16. (a) Informant's own signature Henry Payne (b) Address 10805 Scarritt Indep. Ark.

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) (b) Date of occurrence

17. (a) Burial (b) Date thereof Oct 18 1939 (c) Place: burial or cremation Mt. Airway - K.C. Mo

(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?

18. (a) Signature of funeral director George C. Carson (b) Address Independence, Mo

While at work? (Specify type of place) (e) Means of injury

19. (a) 10-17-39 (b) J. L. Cook 36 (Registrar's signature)

23. Signature [Signature] (M. D. or other) MD Address 10807 Independence Ark Date signed 10/13/39

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.....

Licensed Embalmer No.....

P. O. Address.....

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.