WRITE PLAINLY, 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.

I X12004

MAR JUN 10 1940

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

17942
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — 20 Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 592
(c) City St. Joseph — (d) Street No. 933 N. 6th, St. 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 Emma Payne
(a) Residence, No. 933 N. 6th, St. St.
(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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Payne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 1st, 1888
7. AGE: YEARS 52 — MONTHS 2 — DAYS 26 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Domestic
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): Weston, Missouri — 0

FATHER
13. NAME: Unknown — 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown — 9

MOTHER
15. MAIDEN NAME: Elvira Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): Dixie Herbert Parker, 933 N. 6th, St.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Weston, Missouri DATE: May 30, 1940
19. FUNERAL DIRECTOR (ADDRESS): Graves Funeral Home, 806 S. 17th, St. — 85
20. FILED: May 29, 1940 — A. J. Guttebrock, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27, 1940
22. I HEREBY CERTIFY, That I attended deceased from 27 Mar, 1940, to 27 May, 1940
I last saw her alive on 27 May, 1940. Death is said to have occurred on the date stated above, at 3:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Initial In Competency	28 May 40
108	

Other contributory causes of importance:

Lobar Pneumonia Type 8	27 May 40

Name of operation: no — Date of
What test confirmed diagnosis? Lab — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury, 19
Where did injury occur? (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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. J. STRAWN, M. D.
(Address) 1908 Messanie St.
ST. JOSEPH, MO.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, A. T. Moore, Licensed Embalmer No. 948

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. 948 or by, Registered Apprentice No.

working under my personal supervision.

Signed A. T. Moore

Licensed Embalmer No. 948

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.)