

No. 2
4-13-40
5-17-39
I X23159

FILED AUG 14 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24189**
Registrar's No. **2799**

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **Wheatley Provident Hospital**
(d) Length of stay: In hospital or institution **22 days**
In this community **19 Yrs**

3. (a) PRINT FULLNAME **Maria Payne**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col.**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **John Payne**
6. (c) Age of husband or wife if alive **45** years
7. Birth date of deceased **April 22 1887**

8. AGE: Years **53** Months **2** Days **17**
If less than one day hr. min.

9. Birthplace **Mississippi**
10. Usual occupation **Housewife**

11. Industry or business
12. Name **Kinford Wibliams**
13. Birthplace **Louisiana**
14. Maiden name **Caroline**
15. Birthplace **Virginia**

16. (a) Informant **Sophonria Adams**
(b) Address **4363 N. Market, St. Louis, Mo.**

17. (a) **burial** (b) Date thereof **7/11/40**
(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Hathkins Bros.**
(b) Address **1729 Lydia**

19. (a) **July 11, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2023 Jarboe**
(e) If foreign born, how long in U. S. A. ?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **9th**
year **1940** hour **9** minute **P** M.

21. I hereby certify that I attended the deceased from **June 17**, 19**40**, to **July 9**, 19**40**,
that I last saw h. **ex** alive on **July 9**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Diabetic gangrene right foot lower 3rd of leg**

Due to: **Diabetes Mellitus**

Due to: **59**

Other conditions: **59**
Major findings: **Gangrene right foot extending to lower 3rd right leg**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **Royce B. Flinn**
Address **210 Lombon Bldg; S.C. Mo.** Date signed **7/10/40**

Duration **4 wks.**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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: *James Jerome Medave*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St.*

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.