

FILED JUN 10 1941

State File No. 17296

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1958

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution Lakeside
 (d) Length of stay: In hospital or institution 10 Days
 In this community 20 Years

3. (a) PRINT FULLNAME Bessie Rena Payton
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Female
 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Wm Henry
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased: Sept. 7, 1888

8. AGE: Years 52 Months 8 Days 9

9. Birthplace Tennessee
 10. Usual occupation Homemaker

11. Industry or business
 12. Name James Pickel
 13. Birthplace Unknown
 14. Maiden name Laura Wright
 15. Birthplace Unknown

16. (a) Informant Wm. H. Payton
 (b) Address 815 Elmwood
 17. (a) Burial (b) Date thereof May 19, 1941
 (c) Place: burial or cremation Mount Moriah

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address 2825 Indep. Blvd. K. C. Mo.
 19. (a) May 18 1941 (b) M. M. Brown

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (d) Street No. 815 Elmwood
 (e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 16
 year 1941 hour 11 minute 30 AM

21. I hereby certify that I attended the deceased from May 6, 1941 to May 16, 1941
 that I last saw her alive on May 16, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death:
 Diffuse Peritonitis
 Due to Ruptured gangrenous appendix + ileum
 Other conditions: 22.1
 Major findings: Ruptured appendix, gangrenous, ileum
 Of operations: 12.1
 Of autopsy: 12.1

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 Dr. Frank G. Day
 Address 4316 E 9th Date signed 5-17-41

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

18
3
8

488
3
8

K.emo

9th 10/1/1911

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..... *J. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *K. C. Mo*

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.