

FILED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27499
3157

State File No.

Registrar's No.

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Vineyard Park Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days,
(Specify whether
In this community as above,
years, months or days) 1

3. (a) PRINT FULL NAME Dr. Provo L. Payne,

3. (b) If veteran, name war No. 3. (c) Social Security No. —

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Cornelia A. Payne 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased March 16 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 5 4 — hr. — min.

9. Birthplace Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Medical Doctor,

11. Industry or business x

MOTHER FATHER { 12. Name John G. Payne,
13. Birthplace Tennessee,
(City, town, or county) (State or foreign country)
14. Maiden name Mary C. Pierson,
15. Birthplace Tennessee,
(City, town, or county) (State or foreign country)

16. (a) Informant Bert N. Payne,
(b) Address Lee's Summit, Missouri,

17. (a) Removal, (b) Date thereof 8-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Drexel, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 2235 Gillham Plaza, K. C., Mo.

19. (a) 8/22/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 019
(c) City or town Drexel, (If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 1941 hour 7:12 minute 30 M.

21. I hereby certify that I attended the deceased from 7:18 1941 to 2:20 1941.
that I last saw him alive on Aug 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia 5 days

Due to Chronic Interstitial nephritis 1941

Due to Pulmonary edema 5 days

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None 131B
Of autopsy 131B

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

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

23. Signature G. S. Seldon (M. D. or other) 131B
Address 922 Walnut Date signed 8-20-41

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

1838

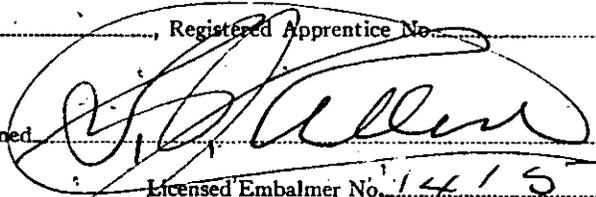
STATEMENT BY LICENSED EMBALMER

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.

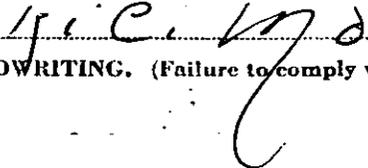
working under my personal supervision.

Signed



Licensed Embalmer No. 1415

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.