

No. 2
-13-40
-17-39
X23153

Registration District No. **FILED MAR 16 1942**

Primary Registration District No. **1002**

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

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:
23 St. and Mc Gee Traffic way 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community **over one year**
years, months or days

3. (a) PRINT FULL NAME **Clarence Payne**

3. (b) If veteran, name war **NA**

3. (c) Social Security No. _____

4. Sex **Male** 2

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **About 1900**
(Month) (Day) (Year)

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

9. Birthplace **Seminole Co 1 Okla**
(City, town, or county) (State or foreign country)

10. Usual occupation **Common laborer**

11. Industry or business _____

12. Name **Clarence Payne**

13. Birthplace **Seminole Co 1 Okla**
(City, town, or county) (State or foreign country)

14. Maiden name **Flora Foster**

15. Birthplace **Seminole Co 1 Okla**
(City, town, or county) (State or foreign country)

16. (a) Informant **Clarence Brown**

(b) Address **2300 South Chestnut St. Holden, Mo.**

17. (a) **Removal** (b) Date thereof **3-10-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Newoka Okla**

18. (a) Signature of funeral director **West, Applenton, Jones**

(b) Address **1905 Vine St**

19. (a) **3-10-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **1747 Madison Ave**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7**
year **1942** hour _____ minute _____

21. I hereby certify that I attended the deceased from **2:00 P.M.** to _____, 19____.

that I last saw him alive on _____, 19____.

and that he died on the date and hour stated above.

Immediate cause of death _____

Due **Subdural cerebral hemorrhage**

Due **fracture of the skull**

Other **Auto trauma**
(Include pregnancy within 3 months of death)

Major findings: **170C 21**

Of operations _____

Of autopsy **yo**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **3-7-42**

(c) Where did injury occur? **Mo.** (City or town) (County) (State)

(d) If injury occurred in a home, on a farm, in an industrial place, or in a public place:
Pedestrian struck by bus
(Specify type of place) (e) Means of injury

23. Signature **[Signature]** (M. D. or other)

Address **K.C. Mo.** Date signed _____

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.....

Licensed Embalmer No. *2710*

P. O. Address *Kansas City*

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.