

U.S. No. 2
M-9-4-41
Rev. 5-17-39
X29484

17110

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2152
Registrar's No.

FILED JUN 11 1942
399
Registration District No.

Primary Registration District No. 1002

48
3
8

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

1. PLACE OF DEATH: Jackson

(a) County: Kansas City

(b) City or town: Kansas City

(c) Name of hospital or institution: Research Hospital

(d) Length of stay: In hospital or institution: 2 Days

In this community: 35 yrs

2. USUAL RESIDENCE OF DECEASED: 4833

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

(c) City or town: Kansas City

(d) Street No.: 3736 Montgal

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: David Otis M. Payne

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Dora M. Payne

6. (c) Age of husband or wife if alive: 63 years

7. Birth date of deceased: Sept 17 1875

8. AGE: Years 66, Months 5, Days 7

9. Birthplace: Trenton Missouri

10. Usual occupation: Interior Decorator

11. Industry or business: Self

12. Name: Payne

13. Birthplace: No record

14. Maiden name: No record

15. Birthplace: No record

16. (a) Informant: Dora M. Payne

(b) Address: 3736 Montgal

17. (a) Burial: Elmwood Cem.

(b) Date thereof: June 1 1942

18. (a) Signature of funeral director: Mrs C.L. Forster

(b) Address: 918 Brooklyn

19. (a) 6-1-42 (b) M. M. Crowe

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 29 year: 1942 hour: 10 minute: P.M.

21. I hereby certify that I attended the deceased from May 9 1942 to May 29 1942 that I last saw him alive on May 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis Heart Disease Myocardial Hypertrophy Arteriosclerosis-general Hypostatic broncho pneumonia

Other conditions: (Include pregnancy within 3 months of death)

Major findings: None

Of autopsies: Autopsy performed

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?

23. Signature: [Signature] Date signed: 5/30/42

361 (Licensed Embalmer's Statement on Reverse Side)

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 Sharon A. Redmon

Licensed Embalmer No. 2737

P. O. Address W.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.