DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1942

5-17-39
PI X29484

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29527

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 3325

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8-23-42-9-2-42 (Specify whether years, months or days)
In this community 21 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 2023 Jarboe 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: JOHN PAYNE

3. (b) If veteran, name war: None

3. (c) Social Security No. 495-20-5673

4. Sex: Male

5. Color or race: Negro

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

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

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: August (Month) 5 (Day) 1891 (Year)

8. AGE: Years 51 | Months 0 | Days 17/28 | If less than one day ____ hr. ____ min.

9. Birthplace: Baton Rouge (City, town, or county) Louisiana (State or foreign country)

10. Usual occupation: Janitor

11. Industry or business: K.C. Concrete, Pipe & Lime Co.

FATHER
12. Name: Ele Payne
13. Birthplace: La. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Maria Terzel
15. Birthplace: La. (City, town, or county) (State or foreign country)

16. (a) Informant: Record Clerk
(b) Address: General Hospital No. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Jackins Bros.
(b) Address: 1729 Lydia

19. (a) 9-8-42 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2 year 1942 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from August 23, 1942 to September 2, 1942 that I last saw h. 1m alive on September 2, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism — Duration

Due to: Bacterial Endocarditis (Sub-Acute)

Due to:

Other conditions (Include pregnancy within 3 months of death): 9/w

Major findings:
Of operations:
Of autopsy: Same as above

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

23. Signature: [illegible] (M.D. or other)
Address: Jen. Hosp. 42-600 E. 22 Date signed 9-4-42

(Licensed Embalmer's Statement on Reverse Side)

No. 4257

495-20-5673

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. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.

U. S. No. 2B
10M—9-21-41
PI X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29527

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3325

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community C

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Payne
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race B
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 5 (Day) (Year)

8. AGE: Years 51 Months 0 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) La. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21 1942
year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw him alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY