S. No. 2
I—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5212

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 533

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: St. Joseph Hospital, O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 10-16-42 to 1-30-43.
(Specify whether In this community as above years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3 O

(c) City or town Linden O
(If outside city or town limits, write "RURAL")

(d) Street No. -
(If rural, give location)

(e) Citizen of foreign country? x no. (Yes or No)

If yes, name country x /

3. (a) PRINT FULL NAME Mrs. Sally Payne Hall,

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

3. (c) Social Security No. no.

4. Sex Female

5. Color or race White /

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

6. (b) Name of husband or wife James R. Hall,

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

7. Birth date of deceased June (Month) 13 (Day) 1891 (Year)

8. AGE: Years 51 Months 7 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife,

11. Industry or business no.

FATHER
12. Name M. D. Payne,
13. Birthplace Missouri, O (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Missouri Snider,
15. Birthplace Missouri O (City, town, or county) (State or foreign country)

16. (a) Informant James R. Hall,

(b) Address Linden, Missouri,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-2-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th year 1943 hour 9:55 minute P. M.

21. I hereby certify that I attended the deceased from 9/23/42 ..... 19.... to 1/30/43 ~~19~~ ; that I last saw her alive on 1/30/43 19.... ; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung — Duration 4 mos.

Due to ✓

Due to ✓

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

Major findings: Of operations Cancer of Lung

Of autopsy None

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) None

(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? None (Specify type of place)

While at work? (e) Means of injury

23. Signature W. O. Buckingham M.D. (M.D. or other)

Address 300 Prof. Bldg. Kansas City Mo. Date signed 2/1/43

(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 .....

Licensed Embalmer No. 14 15

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, fact should be so stated above.