

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4702

FILED DEC 4 1944

Registration District No. 149 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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 1/2 DAYS
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS CORA FINLEY PAYNE

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced 3 DIVORCED

6. (b) Name of husband or wife MR. PRICE PAYNE 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased NOVEMBER-26-1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation AT HOME

MOTHER FATHER

11. Industry or business _____

12. Name ALEXANDER OSBORN

13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name BARBELL HEISER

15. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant MRS O. J. FREDRICKS

(b) Address 5537 ROCKHILL ROAD

17. (a) BURIAL (b) Date thereof Nov. 22, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGGINSVILLE, MISSOURI

18. (a) Signature of funeral director O. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 11-22-44 (b) D. E. Brown
(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. 5537 Rock Hill Road
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 1944
year 1944 hour 2 minute 130 M.

21. I hereby certify that I attended the deceased from 11-11-44 to 11-21-44
11-21-44, 1944, to 11-21-44, 1944
that I last saw him alive on 11-21-44
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Duration _____

Due to _____

Due to _____

Other conditions 468
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy nd

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 D. E. Brown (M. D. or other)
Address 1020 Rock Hill Road Date signed _____

1025-Pratts Bldg.
12-30-3

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 *Edward Horkley*

Licensed Embalmer No. 1767

P. O. Address Kansas City 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.