

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4686

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days 0
(Specify whether)
 In this community 16 days
years, months or days

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. 1322 Paseo 2
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country Ill

3. (a) PRINT FULL NAME JOHN PAYTON
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 11 day 16th
 year 1944 hour 4:20 minute P. M.

4. Sex Male 2 5. Color or race Col.
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sedora Payton
 6. (c) Age of husband or wife if alive 43 years
 7. Birth date of deceased 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 7 1944 to Nov. 16 1944
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months _____ Days _____ If less than one day
 hr. _____ min. _____

Immediate cause of death Lobar Pneumonia 9 days
 Due to _____
 Due to _____

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

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

10. Usual occupation Common Laborer

Major findings: _____
 Of operations _____ 108
 Of autopsy _____

11. Industry or business _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
108

16. (a) Informant Narcellia McDavid
 (b) Address 1322 Paseo

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

17. (a) removal (b) Date thereof 11/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Huntsville, Alabama

(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)

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

While at work? _____ (e) Means of injury 0

19. (a) 11-21-44 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature D.M. Miller (M. D. or other) _____
 Address 1605 E. 18th St. Mo. Date signed 11-20-44

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

R. M. Miller

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.....

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.