

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16788

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2389

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:
4128 Spruce
(If not in hospital or institution, write street number or location)

(d) Length of stay: 5 years in hospital or institution. (Specify whether 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. 4128 Spruce
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Margaret Anna 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 widowed

6. (b) Name of husband or wife Fred Payne

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

7. Birth date of deceased April 7 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>1</u>	<u>17</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Hugh McManus

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Denver

15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant William Payne

(b) Address 4128 Spruce

17. (a) Burial (b) Date thereof May 28, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's Cemetery

18. (a) Signature of funeral director Quirk & Tolson

(b) Address 20 West Linwood, Kansas City

19. (a) 5-29-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from March 10, 1946 to May 24, 1946
that I last saw her alive on May 23, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis 1 1/2 yrs.

Due to.....

Due to.....

Other conditions 13 1/2
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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 Edward G. Samuelson (M. D. or other) MO

Address 2603 E 37 Date signed May 27-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15670

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..... *Maudie Adams*

Licensed Embalmer No. *4016*

P. O. Address..... *20 W. Linwood*

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.