. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32811

FILED NOV 13 1946

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1240

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 7 yr 9 mo 28 dys (Specify whether years, months or days)
In this community: 7 years, 9 months, 28 days

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

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

4. Sex: M. O
5. Color or race: Wht
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Not given
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 8 (Day) 1882 (Year)

8. AGE: Years 64 Months 5 Days 20 If less than one day hr. min.

9. Birthplace: — (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: Robt. Payne
13. Birthplace: — (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name: Lucy Donoghue
15. Birthplace: — (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Ethel Pipes
(b) Address: R#6 Independence Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-30-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cem.
18. (a) Signature of funeral director: Pleeman & Son
(b) Address: St Joseph, Mo.
19. (a) Nov. 7, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 28 year 1946 hour 8 minute a M.
21. I hereby certify that I attended the deceased from July 1943, 19.. to Oct 28 1946
that I last saw him alive on Oct 26 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	
Due to: Cardiac Renal	
Due to:	
Other conditions (Include pregnancy within 3 months of death): BIP	
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: 0

23. Signature: L. S. Dizon (M. D. or other)
Address: State Hospital #2 St. Joseph, Mo. Date signed 10/28/46

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(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: Robert K Gaple

Licensed Embalmer No.: 3308

P. O. Address: St Joseph 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.