

Registration District No. 42 Primary Registration District No. 1000

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

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:
317 So. 21 St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) New born baby 9 hrs

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 317 So. 21.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Richard Payne
 3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 3
 year 1947 hour 12 midnight M.
 21. I hereby certify that I attended the deceased from Nov. 3
1947 to Nov. 4 1947;
 that I last saw him alive on Nov. 3 1947;
 and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race Negro
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 3 1947
(Month) (Day) (Year)

Immediate cause of death Premature Birth, lived About 9 hrs
 Duration 9 hrs

8. AGE:	Years	Months	Days	If less than one day
	<u>0</u>	<u>0</u>	<u>0</u>	<u>9</u> hr. <u>0</u> min.

Due to Straining

9. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Infant

Other conditions 159
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: 159
 Of operations _____

12. Name Unknown
 13. Birthplace unknown
(City, town, or county) (State or foreign country)

Of autopsy _____

14. Maiden name Aneta Payne
 15. Birthplace St. Joseph, Mo.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Aneta Payne Mother
 (b) Address 317 So. 21 St.

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? _____

17. (a) Burial (b) Date thereof 11-4 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation City Cemetery

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

18. (a) Signature of funeral director Beatrice Gray
 (b) Address 812 Pacific St

23. Signature J. D. Seymour (M. D. or other) _____
 Address 1923 Mesquite St. Date signed 11-4-47

19. (a) 11-6-47 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or, by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Earl Clark*.....

Licensed Embalmer No. *4738*.....

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.