

National Office of Vital Statistics
FILED NOV 29 1947 149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County: **Jackson**
(b) City or town: **Kansas City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **General Hospital #1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **2 days**
In this community: **17 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **Jackson**
(c) City or town: **Kansas City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No.: **548 Main**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **10**

3. (a) PRINT FULL NAME: **Joseph Harold Payne**

3. (b) If veteran, name war: **no**

3. (c) Social Security No.: **unknown**

4. Sex: **Ma** 5. Color or race: **Wh**
6. (a) Single, widowed, married, divorced: **Divorced**
6. (b) Name of husband or wife: **unknown** 6. (c) Age of husband or wife if alive: **XX** years
7. Birth date of deceased: **April 4 1901**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 7 16 hr. min.

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

10. Usual occupation: **Grocery Clerk**

11. Industry or business:

12. Name: **Norman L. Payne**

13. Birthplace: **Milan Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name: **Katherine Gaughan**

15. Birthplace: **Milan Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. N. L. Payne**

(b) Address: **Milan, Missouri**

17. (a) **Removal** (b) Date thereof: **11-21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Milan, Mo.**

18. (a) Signature of funeral director: **J. Wagner**

(b) Address: **Kansas City, Mo.**

19. (a) **11-21-47** (b) **Theraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: **Nov** day: **20**
year: **1947** hour: **5** minute: **20** p.m.

21. I hereby certify that I attended the deceased from **Nov 18th**, 19**47**, to **Nov 20th**, 19**47**; that I last saw him alive on **Nov 20**, 19**47**; and that death occurred on the date and hour stated above.

Immediate cause of death: **Uremia (clinical) terminal, Ascites, pulmonary congestion, edema & interstitial hemorrhage**

Due to: **(as above)**

Due to:

Other conditions: (include pregnancy within 3 months of death)

Major findings: **132**

Of operations:

Of autopsy: **as above**

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

23. Signature: **W. H. Hart** (M. D. or other)

Address: **548 Main St #1** Date signed:

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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..... *Alvin R. Haunschel*

Licensed Embalmer No. *4159*

P. O. Address..... *Kansas City*

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.