

S. No. 2
M-5-43
5-17-39
I X3667

FILED MAY 7 1948
Registration District No. **1948/9**

Primary Registration District No. **1002**

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

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs 58 min
(Specify whether years, months or days) 2 1/2 years see above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1230 Harrison
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Payne

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race w

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 April 28 1948
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
year 1948 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from 4-25-48
1948, to 4-28 1948
that I last saw him alive on 4-28 1948
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7 hr 8 min</u>

Immediate cause of death atalectasis

Due to Pneumonia
6 1/2 months

Due to Pneumonia apertoria
of placenta

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

Major findings:
Of operations _____
Of autopsy 1600

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

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name Clarence Amasa Payne

13. Birthplace St Joseph Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Dorothy Marie Barrett

15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Clarence Payne

(b) Address 1230 Harrison

17. (a) Burial (b) Date thereof Apr 30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A. B. Doshler

(b) Address 1415 East 15

19. (a) 4-29-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 job) (If) (Cause of injury)

23. Signature Richard S. Hoffman (M. D. or other) _____
Address 1400 Prof Bldg Date signed 4-29-48

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.....

not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *[Signature]*

Licensed Embalmer No..... *1166*

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.