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17-39

FILED JUN 21 1948
Registration District No. **48**

Primary Registration District No. **1000**

WRITE PLAINLY—USING 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: **2432 Patee**
(If not in hospital or institution, write street number or location)

(d) Length of stay: **50 years** (Specify whether years, months or days)

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. **2432 Patee**
(If rural, give location)

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

3. (a) PRINT FULL NAME **Joseph A. Payne**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Elizabeth Payne**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **April 7 1876**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	2	1	hr. min.

9. Birthplace **Knoxville Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired car inspector**

11. Industry or business **Burlington Railroad**

12. Name **James Payne**

13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

14. Maiden name **Tennessee Cobble**

15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Elizabeth Payne**

(b) Address **St. Joseph, Mo.**

17. (a) **Burial** (b) Date thereof **6/11/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Heaton Burdman**

(b) Address **St. Joseph, Mo.**

19. (a) **6-14-48** (b) **K. G. Jenkins**
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1948** hour **4** minute **05** P.M.

21. I hereby certify that I attended the deceased from **Jan. 1, 1948** to **June 8th, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Thrombosis** Duration **1 day**

Due to **Chronic Aortic Insufficiency 24 yrs**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **no post**

PHYSICIAN
Underline the cause of 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

23. Signature **H. F. Mandy** (M. D. or other)

Address **404 So 3rd St** Date signed **6/9/48**

St Joseph, Mo.

MOTHER FATHER

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.....

Eugene Wood

Licensed Embalmer No.....

5804

P. O. Address.....

319 So 10th, 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.