No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35714

FILED DEC 6 1948

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 1269

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: Wayne's Private Hospital-716 North 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community life

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.: 39th & Messanie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Henry VanDyke Payne
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widower
6. (b) Name of husband or wife: Louella Payne
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Aug. 4 1863 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	3	22	hr. min.

9. Birthplace: St. Joseph, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business:
FATHER 12. Name: William Payne
FATHER 13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Polly McGrew (MaGrew)
MOTHER 15. Birthplace: Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Emma Collor
(b) Address: 431 Blake St. St. Joseph, Mo.
17. (a) Burial: (b) Date thereof: Nov. 29, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: CLARK FUNERAL HOME Earl Clark
(b) Address: 120 Illinois Ave. St. Joseph, Mo.
19. (a) 12-1-48 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26 year 1948 hour 8 minute 45 a M.
21. I hereby certify that I attended the deceased from Nov. 24. 1948 to November 25 1948 that I last saw him alive on November 25 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure	
Due to: cerebral hemorrhage +	
Due to: broncho-pneumonia	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: GBV	
Of autopsy:	

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) 0
While at work? (e) Means of injury:
23. Signature: E. Handler (M. D. or other) M.D.
Address: Physicians & Surgeons Bldg. St. Joseph Mo. Date signed 11-27-48

Jefferson City Printing Co. (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 B. J. Chaney, Registered Apprentice No. 294 working under my personal supervision.

Signed Ernest Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.