

FILED APR 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. ⁸⁵⁶ 12612

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1027

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/> STAY <input type="checkbox"/> RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LEE SUMMITT	
		d. STREET ADDRESS (If rural, give location) JACKSON COUNTY HOME FOR AGED	

3. NAME OF DECEASED (Type or Print) THOMAS	a. (First)	b. (Middle)	c. (Last) PAYNE	4. DATE OF DEATH FEBRUARY 19 1949
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JUNE 13 1875	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) JEFFERSON COUNTY, MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME JOHN PAYNE	13b. MOTHER'S MAIDEN NAME LILLIE WILLIAMS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME WILLIE JACKSON	ADDRESS 1208 East 13th Street
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Encephalomalacia due to Cerebral Thrombosis (2) Hypertensive Heart Disease (3) Terminal Broncho Pneumonia Automobile Traumatism DUE TO (c) C 0124 25		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-way (50 & Lee Summit)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JACKSON MISSOURI
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21d. TIME OF INJURY FEBRUARY 16, 1949 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Pt. ran away from Home and was found on Highway by Highway Patrol
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22. I hereby certify that I attended the deceased from 2/16/1949, to 2/19/1949, that I last saw the deceased alive on 2/19/1949, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) Dr. J. C. [Signature]	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 3/24/49
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 3-5-49	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE BRADY-BROWN	ADDRESS 1708 Tracy Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S-8566

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.....

Student Embalmer No.

working under my personal supervision.

Signed Lawrence A. Jones SR

Signed.....
Student Embalmer

Licensed Embalmer No. 4499

P. O. Address 2500 Park Ave
Kansas City 1, 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.