

SEP 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28262
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Law Primary Registration District No. 180
 (c) City Kansas City (d) Street No. 817 1/2 W 16 23rd. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie L. Payne
 (a) Residence, No. 817 1/2 W 16 23rd. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED, NAME OF HUSBAND OR (OR) WIFE OF Wm. H. Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 11 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundress
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER
 13. NAME Archie Edwards
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

MOTHER
 15. MAIDEN NAME Willie Robinson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

17. INFORMANT (ADDRESS) Wm. H. Payne
817 1/2 W 16 23rd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 8/19 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hatkins Bros.
5729 Lydia

20. FILED 9/17 1939 M. M. Browne
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1939, to Aug 14 1939, 1939. I last saw her alive on Aug 14 1939. Death is said to have occurred on the date stated above, at 2.0 p. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Cervix
48
 Date of onset 1938

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) F. D. Suggenhein, M. D.
 (Address) 2102 E 18th

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1-1938 I X16803

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.....

Isaac Jerome Manlove....., Registered Apprentice No.....
working under my personal supervision.

Signed *Isaac Jerome Manlove*.....

Licensed Embalmer No. *3994*.....

P. O. Address *1729 Lydia Ave*.....

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, above space should be left blank.