DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38766

Registration District No. 399 | Primary Registration District No. | Registrar's No. 4530

1. PLACE OF DEATH:

(a) County: Jackson 3

(b) City or town: Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Tate Convalesent Home. 2701 Linwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 weeks (Specify whether years, months or days)

In this community: 45 Years

2. USUAL RESIDENCE OF DECEASED: 1

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 319 West 12th Street.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Ellen PAYNE. 5-2

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Miles M. Payne

6. (c) Age of husband or wife if alive: -- years

7. Birth date of deceased: March (Month) 15, (Day) 1859 (Year)

8. AGE: Years 80 | Months 8 | Days 12 | If less than one day: hr. ____ min.

9. Birthplace: Douglas County - (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Invalided.

11. Industry or business: in convalescent home. 1

FATHER
12. Name: George Kretsinger.
13. Birthplace: (City, town, or county) Penna. 1 (State or foreign country)

MOTHER
14. Maiden name: Permelia Thompson 1
15. Birthplace: (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature: Mrs Edith Gregg,
(b) Address: 3629 Troost, K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/29/39 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill K. C. K.

18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: K. C. Mo.

19. (a) Nov 28 1939 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 27th year: 1939 hour: 8:00 minute: A.M. M.

21. I hereby certify that I attended the deceased from Jan 10, 1939, to Nov 27, 1939; that I last saw her alive on Nov 26, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to: Toxemia	20 days
Due to: Carcinoma R. Ovarii	
Other conditions (Include pregnancy within 3 months of death): Chron. Inter Nephritis 2yrs	
Major findings: Of operations:	
Of autopsy:	

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

J E Donaldson

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? 1
While at work? (Specify type of place) (e) Means of injury

23. Signature: J E Donaldson (M. D. or Coroner)
Address: 714 Bryant Bldg Date signed 11-28-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

Bryant Bldg.

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.....

Licensed Embalmer No. 2999

P. O. Address..... KC

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.