

FILED JUL 3 1942  
Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mersey Hospital  
(If not a hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 7 months  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6423 E-18th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME PATRICIA ANN PAYUR

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 or single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov-11-1941  
(Month) (Day) (Year)

8. AGE: Years 0 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Kansas City Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Henry J. Payur, Jr.  
13. Birthplace Kansas City Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Gene Hoczak  
15. Birthplace Kansas City Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry J. Payur, Jr.  
(b) Address 6423 E-18th

17. (a) Burial (b) Date thereof 6/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem.

18. (a) Signature of funeral director Lo C. Carson

(b) Address Independence Mo

19. (a) 6-22-420 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1942 hour 10: minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death post measles Bronchial pneumonia with bilateral emphysema. Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 35  
(Include pregnancy within 3 months of death)

Major findings: Of operation \_\_\_\_\_  
Of autopsy see above

PHYSICIAN

Underline the cause to 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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)  
(Type of work) (Type of means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 756 Mo Date signed 6/19/42

**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

*[Handwritten Signature]*

Licensed Embalmer No.

2467

P. O. Address

Indep. 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.**