

S. No. 2
M-5-42
v. 5-17-39
I X32873

32907

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

DATE NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3972

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 General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-13-42-10-19-42
(Specify whether years, months or days)

In this community 11 years

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. 514 W. 7
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME MALLVINE PAYTON

3. (b) If veteran, name war — no

3. (c) Social Security No. — none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19 1942
year 1942 hour 4 minute 15 a.m.

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced, widow

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive 18 1/2 years

7. Birth date of deceased: (Month) 10 (Day) 9 (Year) 1866

21. I hereby certify that I attended the deceased from October 13 1942 to October 19 1942
that I last saw h..... alive on October 19 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 0 Days 10 If less than one day hr. min.

Immediate cause of death Myocardial Failure with cardiac decompensation Duration

9. Birthplace Norfolk Virginia
(City, town, or county) (State or foreign country)

Due to Arteriosclerotic type heart disease

10. Usual occupation unemployed

Due to 93A

11. Industry or business

12. Name unknown

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 9

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Other conditions 93A
(Include pregnancy within 3 months of death)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

17. (a) Burial (b) Date thereof 10-28-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

22. If death was due to external causes, fill in the following:

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E. 18th St.

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

19. (a) 10-27-42 (b) M. M. O'Grave
(Date received local registrar) (Registrar's signature)

(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)

Means of injury 0

23. Signature J. A. Hoover (M. D. or other)
Address Gen. Hosp #2-600 E. 22 Date signed 10-21-42

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

48
830

48
3
8
0

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. 2211

P. O. Address 1819 E. 15th - KC 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.