S. No. 2
DM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33905

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 4454

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 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1726 Woodland Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No).
If yes, name country 0

3. (a) PRINT FULL NAME HOBART PAYTON
3. (b) If veteran, name war None
3. (c) Social Security No. 496-07-6910
4. Sex Male
5. Color or race 2 Negro
6. (a) Single, widowed, married, divorced 1 Married
6. (b) Name of husband or wife Luella Payton
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Sept. 23, 1899 (Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days ~~21~~ 25 If less than one day hr. min.

9. Birthplace Pettis County, Missouri 0 (City, town, or county) (State or foreign country)
10. Occupation Laborer
11. Industry or business
FATHER
12. Name Andrew Payton
13. Birthplace Unknown Kansas 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Irene Mae Brown
15. Birthplace Greenridge Mo. 0 (City, town, or county) (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia
19. (a) 10-20-43 (Date received local registrar) (b) D. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1943 hour 3: minute 30 A. M.
21. I hereby certify that I attended the deceased from 10-14-43, 19 to 10-18-43, 19 that I last saw him alive on Oct. 18, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningoccic Cerebro Spinal Meningitis	
Due to	
Due to 6	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Meningoccic Cerebro Spinal Meningitis

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

23. Signature G. C. Sherwin (M. D. or other) M.D.
Address General Hosp. No. 2 Date signed 10-19-43

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.