

S. No. 2  
DOM-5-43  
rev. 5-17-39  
I X3687

State File No. \_\_\_\_\_

FILED OCT 13 1944  
Registration District No. 176

Primary Registration District No. 5568

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
8717 Roberts Blue Township  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 5 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Fairmount Sta, Kansas City 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 8717 Roberts Blue Twp. 1  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME SAMUEL CHAS. PAYNE

3. (b) If veteran, name war World War One

3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White

6. (c) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 7- 1891  
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Richmond Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Machinist

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

12. Name Thomas A. Payne

13. Birthplace Unknown Virginia  
Molley Payne (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Mrs Pricilla Fowler

(b) Address 8717 Roberts, Fairmount Sta. K.C.

17. (a) Burial (b) Date thereof 9-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem.

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

(b) Address Independence, Missouri

19. (a) 9-13-1944 (b) James W. Ross  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11th  
year 1944 hour 7 minute 35 A. M.

21. I hereby certify that I attended the deceased from 11/22, 1943, to 9/10 — 1944;  
that I last saw him alive on 9/10, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 3 yrs  
Duration

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 13 fl  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature R. Sherrill (M. D. or other) \_\_\_\_\_

Address 5400 St John Ave Date signed 9/11/44

1163 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

(Hand)

W. R. A. Williams  
5400 D. John

DEC 6 1944

**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.....

*George C. Hanson*

Licensed Embalmer No.....

*7249*

P. O. Address.....

*Independence, 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.**