

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40306**
Registrar's No. **4884**

FILED DEC 22 1944

Registration District No. **47**

Primary Registration District No. **1002**

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 #2**
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **11-30-44-12-1-44**
(Specify whether) **Unknown**
In this community **Unknown**
years, months or days

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. **321 E. 43rd St. (Janitor's quarter**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ROBERT OTHA PAYNE**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **487-03-5750**

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Pearl Payne** 6. (c) Age of husband or wife if alive **64** years
7. Birth date of deceased **September 15 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 16 hr. min.

9. Birthplace **Clinton Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **Janitor**

11. Industry or business **321 E. 43rd St.**

MOTHER FATHER { 12. Name **John Payne**
13. Birthplace **Unk. 9**
(City, town, or county) (State or foreign country)
14. Maiden name **Marick**
15. Birthplace **Unk. 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**

(b) Address **General Hospital #2**

17. (a) **burial** (b) Date thereof **12/4/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blue Ridge Lawn**

18. (a) Signature of funeral director **J. B. Brown**
(b) Address **1729 Myrtle**

19. (a) **Dec 4 1944** (b) **J. B. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **1**
year **1944** hour **4:55** minute **A.M.**
21. I hereby certify that I attended the deceased from **November 30**
1944 to **December 1**, 19**44**;
that I last saw him alive on **December 1**, 19**44**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Vascular Accident**
Due to **Hypertension**

Other conditions **830**
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

23. Signature **J. A. Burns** (M. D. or other)
Address **Gen. Hosp. #2 600 E. 22nd** Date signed **12-4-44**

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

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

APR 11 1938

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..... *J. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address, *2503 Highland*

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.