

FILED SEP 3 1946

STANDARD CERTIFICATE OF DEATH

State File No. 27299

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3668

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 K.C. Mun. Tbc. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. 28 days  
(Specify whether  
In this community 25 years  
years, months or days)

3. (a) <sup>ALTA</sup> PRIOR FULL NAME Alta Young Payne  
3. (b) If veteran, name war No  
3. (c) Social Security No. 491-20-5505

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife MAR. HOWARD PAYNE  
6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased Sept. 15 1902  
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 7  
If less than one day hr. min.

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

10. Usual occupation Cashier

11. Industry or business Pl-Mor

12. Name Henry Youngblood  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name Molly Matthews  
15. Birthplace Near Springfield, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Patient (K.C. T.B.)  
(b) Address K.C., Mo.

17. (a) BURIAL (b) Date thereof AUG 24 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D.K. Neumann's Son

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 8-24-46 (b) Geraldine Holmes  
(Data received local registrar) (Registrar's signature)

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. 2927 Baltimore AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22  
year 1946 hour 9 minute A.M.

21. I hereby certify that I attended the deceased from June 25, 1946, to Aug. 22, 1946;  
that I last saw her alive on Aug. 22, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulm. Tbc. -  
Duration 12 yrs.

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

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

Other conditions Rend. Tuberculosis  
(Include pregnancy within 3 months of death) 6 mo.

Major findings: Of operations 130

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? 0

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury 0

23. Signature D.L. Neumann (M. D. or other) MD

Address Kansas City, Mo. Date signed 8-22-46

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**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 Emile M. Calhoun

Licensed Embalmer No. 3502

P. O. Address K. C. 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.**