o. 2
/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 277

FILED JAN 12 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 4

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 917 W. Hyde Park Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 31 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: 917 W. Valley St. (If outside city or town limits, write "RURAL")

(d) Street No.: St. Joseph, Missouri (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME: AMANDA PAYNE

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Lorenzo D.

6. (c) Age of husband or wife if alive: dead years

7. Birth date of deceased: August (Month) 25 (Day) 1882 (Year)

8. AGE: Years 65 Months 4 Days 6 — If less than one day ..... hr. ..... min.

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

10. Usual occupation: Housekeeper

11. Industry or business: Home

FATHER
12. Name: William McGahey
13. Birthplace: ~~XXXXXX~~ Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elmira Brunner
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Virginia Noland (daughter)

(b) Address: 917 W. Hyde Park Ave., city

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/3/48 (Month) (Day) (Year)

(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: [signature]

(b) Address: 6054 Pryor Ave., City

19. (a) 1-6-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1, year 1948 hour 5 minute :30 P. M.

21. I hereby certify that I attended the deceased from Nov 4, 1947 to Jan 1, 1948 that I last saw her alive on Dec 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive Heart failure approx 3 mo

Due to: Mitral Stenosis Unknown

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings:
Of operations: .....
Of autopsy: .....

92 B

Duration

PHYSICIAN

Underline the cause of 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: 0

23. Signature: Wm B. Rost MD (Date of other)

Address: 510 Carby Bldg St. Joseph, Mo. Date signed 1-2-47

Jefferson City Printing Co. (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.....John E. Rupp.....

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.