

No. 300
4-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **26740³⁶**

FILED AUG 28 1948

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 147

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
G.C. Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 wks. 5 days
(Specify whether
In this community 22 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")
(d) Street No. 3010 Harrison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME PAYNE, WILLIAM T.
3. (b) If veteran name war Unknown 3. (c) Social Security No. Unknown
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Margaret Payne 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 - 21 - 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 30
year 1948 hour 4:45 minute _____ P.M.
21. I hereby certify that I attended the deceased from 7-29, 1948 to 7-30, 1948
that I last saw him alive on 7-30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage
Duration _____

8. AGE: Years Months Days If less than one day
77 9 9 hr. _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Sandon, Ontario Canada
(City, town, or county) (State or foreign country)
10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

Major findings: 830
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant G.C. Home Records
(b) Address R.R. 4, Indep., Missouri
17. (a) Anatomical (b) Date thereof 2-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation G.C. Calley, Indep., Mo
18. (a) Signature of funeral director M.B. Stanger
(b) Address Wesley Summit, Mo
19. (a) 8-3-48 (b) Donald C. Carshaw
(Date received local registrar) (Registrar's signature)

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 J.W. Greer (M. D. or other) _____
Address Independence, Mo Date signed 7/31/48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

1970

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 *W. B. Langford*
Licensed Embalmer No. *3833*
P. O. Address *Leeds Summit*

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.