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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 1 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6602

State File No. 29910

Registrar's No. 3843

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:
Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.# 2 Liberty, Missouri
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara Maude Payne

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Barney L. Payne

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased 6-19-1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	2	29	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William D. Reed
13. Birthplace New York
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Converse
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Barney L. Payne
(b) Address R.R.# 2 Liberty, Missouri.

17. (a) Burial (b) Date thereof 9-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet - Kansas City Mo

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Mo.

19. (a) 9-20-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th.
year 1948 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from September 14, 1948, to Sept 18, 1948;
that I last saw her alive on Sept 18, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	5 days
Due to: Chronic auricular fibrillation	1 yr.
Due to: Arteriosclerotic heart disease	
Other conditions: Sprained ankles (Include pregnancy within 3 months of death)	6 days

Major findings:
Of operations None
Of autopsy none 93 d

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature James H. Hillaughlin (M. D. or other)
Address LIBERTY, MO Date signed 9-18-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Willighby
Liberty, Missouri

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 Joe B. Yoder

Licensed Embalmer No. 4173

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.