No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17610

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 2137

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: 2410 Montgall 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: 22 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Jackson
(c) City or town: Kansas City (If outside city or town limits, write "RURAL")
(d) Street No.: 2410 Montgall (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: MARY L. PAYNE 500
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Walter Payne
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Nov (Month) 6 (Day) 1882 (Year)
8. AGE: Years 57 Months 6 Days 16 If less than one day ____ hr. ____ min.
9. Birthplace: Bowling Green, Ky. (City, town, or county) (State or foreign country)
10. Usual occupation: Home duties
11. Industry or business: —
MOTHER FATHER
12. Name: James A. Brown
13. Birthplace: Don't Know (City, town, or county) (State or foreign country)
14. Maiden name: Don't Know
15. Birthplace: Don't Know (City, town, or county) (State or foreign country)
16. (a) Informant: Walter Payne
(b) Address: 2419 Montgall
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-25-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland, Kans
18. (a) Signature of funeral director: Filgin & Frelnstrat
(b) Address: 1819 E. 15th Kans
19. (a) May 24, 1940 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1940 hour 9:40 minute P.M.
21. I hereby certify that I attended the deceased from October 17, 1939, to May 22, 1940, that I last saw her alive on May 22, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
(1) Rheumatic Heart Disease — 10 Mos.
(2) Acute Dilatation Heart
(3) Pulmonary Edema
Due to: 950

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

Major findings: Of operations: —
Of autopsy: —

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) —
(e) While at work? — (f) Means of injury: —
23. Signature: Logan B. Fleming (M. D. or other)
Address: 210 Lincoln Bldg. Date signed: 5/23/40

(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 Edw. J. Evans

Licensed Embalmer No. 3836

P. O. Address 1819 8th St 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, above space should be left blank.