S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23553

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3056

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: Wheatley Provident Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Ten Days (Specify whether
In this community Ten Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Missouri~~ Kans. (b) County ~~Jackson~~ 999
(c) City or town ~~Kansas City~~ Garnett. 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. ~~Garnett Kansas~~
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Murphy Payne
3. (b) If veteran, name war no.
3. (c) Social Security No. none
4. Sex Fe male Fe
5. Color or race Negro 3
6. (a) Single, widowed, married, divorced Merried 1
6. (b) Name of husband or wife Charles Payne
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 2 1896 (Month) (Day) (Year)

8. AGE: Years 46 Months 3 Days ~~28~~ 11 If less than one day hr. min.

9. Birthplace Independence K (City, town, or county) Kans 1 (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Cormadore Booker
13. Birthplace ----- (City, town, or county) Texas 1 (State or foreign country)
MOTHER
14. Maiden name Ida Gridgear
15. Birthplace Texas (City, town, or county) Texas 1 (State or foreign country)
16. (a) Informant Charles Payne
(b) Address Garnett Kansas.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Garnett Kansas.
18. (a) Signature of funeral director West, Appleton Jones
(b) Address 1905 Vine St
19. (a) 8-13-42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13 year 1942 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from 8-3 42 13 Aug 42, to 19 ; that I last saw her alive on 8-13 42 19 ; and that death occurred on the date and hour stated above.
Immediate cause of death Acute Peritonitis Acute Peritonitis following operation for
Due to Febroid Tumor
Due to 56B
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Febroid Tumor
Of autopsy no

Duration

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 0
23. Signature H S Hickok (M. D. or other)
Address 1025 Rialto Bldg Date signed 8-13-42

(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 C. H. West

Licensed Embalmer No. 2710

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.