

FILED AUG 5 1943 280

State File No. _____
Registrar's No. 12

Registration District No. 280

Primary Registration District No. 4418

1. PLACE OF DEATH:
(a) County Platte
(b) City or town Camden Point
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 65 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Platte
(c) City or town Camden Point Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Martha Payne

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife deceased 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased Sept 25 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	9	22	hr. _____ min.

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

10. Usual occupation house keeping

11. Industry or business None

12. Name William Oliver

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Anna Jackson

15. Birthplace Platte Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Payne
(b) Address Dearborn Missouri

17. (a) Burial (b) Date thereof 7/19/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platte City Cem.

18. (a) Signature of funeral director Reuben Davis
(b) Address Dearborn Missouri

19. (a) 7/19/1943 (b) Mrs. Clay Riffe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1943 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from December 17 1942 to July 17 1943
that I last saw her alive on July 10 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 years

Due to _____

Due to _____

Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 S. L. Durham (M. D. or _____)

Address Dearborn Mo Date signed 7-20-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. Pentt
District File Number 8-43-77
Date Filed 8-3-43

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 Reecian Davis

Licensed Embalmer No. 4168

P. O. Address Seaborn ms.

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.