

FILED FEB 27 1943

Registration District No. **749** Primary Registration District No. **1002**

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:  
**1019 Highland 2nd fl. So.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **30 years** (Specify whether years, months or days)

In this community **30 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

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

(d) Street No. **1019 Highland 2nd fl. So.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME **Ora Payne**

3. (b) If veteran, name war **-**

3. (c) Social Security No. **no**

4. Sex **Fe** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **mar.**

6. (b) Name of husband or wife **Benjamin Payne** 6. (c) Age of husband or wife if alive **55:14:29**

7. Birth date of deceased **maul 5 1883**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **11** Days **29** If less than one day hr. min.

9. Birthplace **Holton Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Matthew G. Martin**

13. Birthplace **Epps Ala**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Crase**

15. Birthplace **Epps Ala**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Benjamin Payne husband**

(b) Address **1019 Highland**

17. (a) **Removal** (b) Date thereof **2-8-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Holton, Kansas**

18. (a) Signature of funeral director **Adkins Bros.**

(b) Address **2000 E. 12th K.C. Mo.**

19. (a) **2-8-43** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **4** year **1943** hour **12** minute **15 P.** M.

I hereby certify that I attended the deceased from **11-1-41** to **2/4/43** 19**43** to 19**43**; that I last saw **her** alive on **2-4-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar pneumonia** Duration

Due to **108**

Due to

Other conditions **Valvular Heart**  
(Include pregnancy within 3 months of death)

Major findings **Chronic interstitial** PHYSICIAN

Of operations **nephritis**

Of autopsy

Underline the cause to which death should be charged statistically.

21. 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)

(c) Means of injury

23. Signature **R. J. Miller** (M. D. or other)  
Address **1203 Power** Date signed **2/4/43**

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

**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 *A. T. Moore*.....

Licensed Embalmer No. *948*

P. O. Address *Kansas City, 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.**