REC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33439
Do not use this space.

1. PLACE OF DEATH
(a) County Scott
(b) Township Kelso
(c) City
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1151 6055 A
Primary Registration District No. 4-5-8-8
Registered No.

2. PRINT FULL NAME Jessie Clausen Payne 507
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city)
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Martha Payne

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mar 6, 1846

7. AGE: YEARS 92 | MONTHS 7 | DAYS 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Martin Co Ind.

FATHER
13. NAME: Simeon Payne
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): South Carolina

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know Dont Know

17. INFORMANT (ADDRESS): A C Payne Fornfelt Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lightner cem. Illmo Mo DATE: 10/12/1938

19. FUNERAL DIRECTOR (ADDRESS): Bisblinghoff & Kubbard Illmo Mo

20. FILED: Oct 12 1938 Paul Bray Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1938 to Oct 10, 1938
I last saw him alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 10-15 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic	
Myocarditis	

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Illmo. Ind

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Mamie Bryplingloff, Licensed Embalmer No. 3242

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Mamie Bryplingloff

Licensed Embalmer No. 3242

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)