

Registration District No. 991Primary Registration District No. 100

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Franklin 2  
(b) City or town Moselle Mo  
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓In this community 19 hours. (Specify whether years, months or days)3. (a) PRINT FULL NAME Unnamed Payton8. (b) If veteran, name war no8. (c) Social Security No. no4. Sex female5. Color or race W6. (a) Single, widowed, married, divorced 56. (b) Name of husband or wife no6. (c) Age of husband or wife if alive ✓ years7. Birth date of deceased 11-17-1939.  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

17 hr. — min.

9. Birthplace

Moselle  
(City, town, or county)Mo  
(State or foreign country)10. Usual occupation none11. Industry or business none12. Name Van Payton Carter18. Birthplace Moselle Mo  
(City, town, or county) (State or foreign country)14. Maiden name Carmel Jackson15. Birthplace Wooling, Va no  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Van Payton Carter(b) Address Moselle Mo17. (a) Burial (b) Date thereof Nov 20 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Cos. Cemetery18. (a) Signature of funeral director Shirwood Mitchell(b) Address St. Clair, Mo.19. (a) (Date received local registrar) (b) (Registrar's signature) W. E. Pritchard

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin(c) City or town Moselle —  
(If outside city or town limits, write "RURAL")(d) Street No. ✓  
(If rural, give location)(e) If foreign born, how long in U. S. A. no years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17  
year 1939 hour 10 minute 20 P. M.21. I hereby certify that I attended the deceased from 3:45 a.m. 1939, to 10:20 P.M. 1939  
that I last saw her alive on 11-17- 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pneumonia

Due to

7 months

Due to

Other conditions 154  
(Include pregnancy within 3 months of death)Major findings:  
of operations

Of autopsy

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?

While at work? 0

(Specify type of place) (a) Means of injury

23. Signature W. E. Pritchard (M. D. or other)Address St. Clair, Mo Date signed 11/18/39

**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.....

*Shannon Kitchell*

Licensed Embalmer No. 3873

P. O. Address. St Clair 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

39531

Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 291  
(b) Township ..... Primary Registration District No. 4175-  
(c) City Meselle (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.

2. PRINT FULL NAME

unnamed Payton  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 17 hrs. or 11 min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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)

FATHER  
13. NAME  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFOR. IANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 18 1939 Laura Moody Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1939

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h. .... alive on ....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 W. E. Kitchell M. D.  
(Signed) St Clair mo  
(Address)

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

