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

FILED JUN 22 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18996

Registration District No. 552 Primary Registration District No. 5745 Registrar's No. 6

1. PLACE OF DEATH:

(a) County Marion

(b) ~~City or town~~ Rural. Warren Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Warren Township, Marion Co. Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

(c) City or town Rural.
(If outside city or town limits write "RURAL")

(d) Street No. Warren Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Lucy Belle Payne 500

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Madison Payne

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. (Month) 18. (Day) 1856 (Year)

8. AGE: Years 83. Months 7 Days 13. If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Caleb Layton.
13. Birthplace _____ (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Elizebath J Holyman.
15. Birthplace _____ (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Virginia Masterson
(b) Address Monroe City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Andrew Chapel.

18. (a) Signature of funeral director Wilson + Son 641
(b) Address Monroe City Mo 811

19. (a) May 30, 1940 (Date received local registrar) (b) Mrs Alta V. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1940 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from May 31, 1940, to May 31, 1940;
that I last saw her alive on May 31, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 Hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 ✓

23. Signature John H Tribbe (M. D. ~~or other~~)
Address Monroe City Mo Date signed 6/1/40

(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 Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe 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, above space should be left blank.