

FILED SEP 16 1940
183

Registration District No. 183

Primary Registration District No. 5-234

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Christian
(b) City or town Rural - Porter, Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 11
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mary Elizabeth Payne

8. (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 widow

6. (b) Name of husband or wife Joe Daniel Payne 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 25 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 10 Days 7 If less than one day hr. min.

9. Birthplace Christian Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business ✓

12. Name Johnson Sellers

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

14. Maiden name Elizabeth Chaffin

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

16. (a) Informant Blanche Tatum

(b) Address Clever Mo.

17. (a) Burial (b) Date thereof Sept. 5-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware Cemetery

18. (a) Signature of funeral director J.W. Maples
(b) Address Clever - Mo. 111

19. (a) Sept. 5, 1940 (b) Eda B. Haidtkiss
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian
(c) City or town Rural
(If outside city or town limit, write "RURAL")
(d) Street No. Nixa, Mo. R # 1.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1940 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from June 18 1940 to June 26 1940
that I last saw her alive on June 26 1940
and that death occurred on the date and hour stated above.

Immediate cause of death unknown she had been dead one hr when I arrived

Due to Pulmonary T.B. 5 or 4 yrs

Due to Pulmonary Tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13
Of autopsy none

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature R. R. Fastling (M. D. or other) _____
Address azark mo Date signed 9/7-40

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

RECEIVED

District Health Officer No. 6,

District File Number 940-2585

Date Filed SEP 12 1940

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 _____

Licensed Embalmer No. 2985

P. O. Address Cliver 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.