

Registration District No. _____

Primary Registration District No. 1

Registrar's No. 253

NOV 10 1940

1. PLACE OF DEATH:

(a) County Adair
 (b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township.)
 (c) Name of hospital or institution: Grim-Smith Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether
 In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sullivan
 (c) City or town Green City
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Thomas Enoch Payne

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-14-5781

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Clara Payne 6. (c) Age of husband or wife if alive 59 years
 7. Birth date of deceased January 27, 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name Harmon Payne
 13. Birthplace Don't know Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Isophona Page
 15. Birthplace Don't know Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Payne
 (b) Address Green City Mo

17. (a) Burial (b) Date thereof Nov. 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Glenn E. Keul & Son
 (b) Address Green City, Mo.

19. (a) Nov. 1, 1940 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 7 day 30
 year 1940 hour 7 minute 09 P.M.

21. I hereby certify that I attended the deceased from Oct 19
 1940 to Death, 1940;
 that I last saw him alive on Oct 30, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial failure Duration _____

Due to Hypertension + Anemia + history of failure 1-2 yrs

Due to Bladder stone + prostatic hypertrophy few yrs

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? 3
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature George E. Ginn (M. D. or other) _____
 Address Green City, Mo Date signed 10-30-40

RECEIVED

District Health Officer No. 10

District File Number 11-40-2140

Date Filed NOV 14 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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green 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.