

Registration District No. 477

Primary Registration District No. 4286

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Canton

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Five years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME Susan Jane Payne

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec 18 1940  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 15 hr. 12 min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Russel Payne

18. Birthplace Canton Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lois Glaves

15. Birthplace Linn Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Russel Payne

(b) Address Canton Mo

17. (a) Final Burial (b) Date thereof Dec 19 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Canton Mo

18. (a) Signature of funeral director F. S. Kelly

(b) Address Canton Mo

19. (a) 12-22-40 (b) P. W. Jennings  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Canton  
(If outside city or town limits, write "RURAL")

(d) Street No. 8th & Linn  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 18  
year 1940 hour 9 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12-18, 1940, to 12-18, 1940;  
that I last saw her alive on 12-18-40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death morbus Caeruleus Duration \_\_\_\_\_

Due to Heart ailment

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations none

Of autopsy none

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 3

23. Signature Dr. Earl Portis (M. D. or other) D.O.  
Address Canton Mo Date signed 12/14/40

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

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.

1 X 511

RECEIVED

District Health Officer No. 10

District File Number 1-41-196

Date Filed JAN 16 1944

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.....

W S Kelly, Registered Apprentice No. 1955-  
working under my personal supervision.

Signed W S Kelly

Licensed Embalmer No. 1955

P. O. Address Centon Md

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.