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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8405 +

Registration District No. 849 Primary Registration District No. 4615 Registrar's No. 37

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

1. PLACE OF DEATH:
(a) County Sullivan
(b) City or town Green City Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Sullivan 105
(c) City or town Green City Mo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME George Tolbert Payne

3. (b) If veteran, name war .....
3. (c) Social Security No. X

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie Belle Payne
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 15, 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	1	20	hr. min.

9. Birthplace Don't know 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Owner and manager of store

11. Industry or business Hardware Store

FATHER
12. Name John T. Payne
13. Birthplace Don't know / Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha D. Page
15. Birthplace Don't know / Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Georgene A. Payne Mason
(b) Address 225 Avenue A, Forest Hills, Pa.

17. (a) Burial (b) Date thereof Feb. 6, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green City Cemetery

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

19. (a) Feb 26-41 (b) Virginia Gibson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 4th
year 1941 hour 2 p.m. minute ..... M.

21. I hereby certify that I attended the deceased from .....
....., 19...., to ....., 19...
that I last saw h..... alive on ....., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Concussion

Due to Compression fracture of left temporal bone

~~Due to~~ and fracture of left superior orbital ring.

~~Other conditions~~ Caused by being run over by a truck

(Include pregnancy within 3 months of death)

~~Major findings:~~
~~Of operations~~ which coroner's jury on inquest

~~Of autopsy~~ found to be an unavoidable accident

Duration 17 0 21

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) Unavoidable accident
(b) Date of occurrence February 4, 1941 105
(c) Where did injury occur? Green City Sullivan Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Behind place of business
(Specify type of place)
While at work? (e) Means of injury Truck 3

23. Signature Charles L. Judd Coroner
(M.D. or other) D.O.
Address Pollock, Mo. Date signed Feb 5-41

(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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Greenville, Ky

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.