DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8509

FILED MAR 24 1941

Registration District No. 6020

Primary Registration District No. 6190

Registrar's No.

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether

In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WAYNE, III

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

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

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

3. (a) PRINT FULL NAME Lucy Belle Payne

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife LEVI PAYNE

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

7. Birth date of deceased OCT. (Month) 16 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
68	68	4	24	hr. min.

9. Birthplace LEBOW, (City, town, or county) C MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name WILLIAM R. RAZER
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ELIZABETH LAWERANCE
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Virgil Payne
(b) Address McGee Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 11/41 (Month) (Day) (Year)

(c) Place: burial or cremation Payne Cem.

18. (a) Signature of funeral director WATKINS FUN SERV.
(b) Address Puxico, Dexter + Parma, Mo

19. (a) March 11-41 (Date received local registrar) (b) G. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1941 hour 6 ~~minute~~ a.m.

21. I hereby certify that I attended the deceased from March 5, 1941, to March 10, 1941 that I last saw her alive on March 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Bulbo type

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy no

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. L. Elmore (M. D. or other)

Address Puxico Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

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.

50M-5-17-39
Rev. 5-17-39
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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.....

P. O. Address.....

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.