

Registration District No. 250

Primary Registration District No. 4150

Registrar's No. 13

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Gallatin
(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 40 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Domia Tina Payne
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife George Henry Payne
(c) Age of husband or wife if alive 87 years
7. Birth date of deceased: June 7 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 11
If less than one day hr. min.

9. Birthplace Cainsville 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

MOTHER FATHER
12. Name Isaiah Chambers
13. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Almira Kennedy
15. Birthplace Unknown 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Bess Payne
(b) Address Gallatin, Mo.

17. (a) Burial (b) Date thereof 4-20-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Turn. Ind. Co.
(b) Address Gallatin, Mo.

19. (a) 4-19-41 (b) H. O. Hope
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess ?/1
(c) City or town Gallatin, /
(If outside city or town limits write "RURAL") 0
(d) Street No. --- (If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1934 to April 18 1941
that I last saw her alive on April 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Senility
Due to Chronic Ethmoid 7 yrs
Frontal Sinusitis
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 104 Pa
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?

23. Signature Floyd E. Nelson (M.D. or other) 2
Address Gallatin, Mo. Date signed 4-19-41
While at work? (Specify type of place) (e) Means of injury

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

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 L. O. Dickerson

Licensed Embalmer No. 3302

P. O. Address Gallatin, Missouri

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.