

2
3-40
7-39
K23159

DEPARTMENT OF COMMERCE **FILED JUN 16 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. **17892**

Registration District No. **328**

Primary Registration District No. **3017**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3002 male
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community three weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Grundy
(c) City or town 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.? 0 years.

3. (a) PRINT FULL NAME Freddie Josephus Payne
(b) If veteran, name war _____ (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 3
year 1941 hour 5 minute 10 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Myrtle Payne 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 5 1893 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 24, 1941, to March 3, 1941; that I last saw him alive on March 1, 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 47 Months 2 Days 28 If less than one day _____ hr. _____ min.

Immediate cause of death Cardiac Insufficiency
Due to Diabetes Mellitus of undetermined duration
Due to _____

9. Birthplace Grundy Co. MO (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) bl

10. Usual occupation Farming
11. Industry or business _____
12. Name William Payne
13. Birthplace Trenton MO (City, town, or county) (State or foreign country)
14. Maiden name Ella Ancaid
15. Birthplace Spickard MO (City, town, or county) (State or foreign country)

Major findings: Of operations none
Of autopsy none
PHYSICIAN _____ Underline the cause to which death should be charged statistically.

16. (a) Informant William Payne
(b) Address Trenton MO 3002 male st
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6 1941 (Month) (Day) (Year)
(c) Place: burial or cremation North Evans Cem Grundy Co MO
18. (a) Signature of funeral director Chas E Schoeler
(b) Address Spickard MO
19. (a) 3-3-41 (Date received local registrar) (b) Genevieve (Registrar's signature)

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? 3 A O (Specify type of place) (e) Means of injury _____
23. Signature G H Ouller (M. D. or other) D
Address Trenton MO Date signed 3-4-41

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 *Row M*

Registered Apprentice No. _____

working under my personal supervision.

Signed *Row M*

Licensed Embalmer No. *3771*

P. O. Address *Spickard St*

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.