S. No. 2
—1-4-41
. 5-17-39
PO I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 15 1941

Registration District No. 177

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5245

State File No. 28016 22

Registrar's No. 55

1. PLACE OF DEATH:
(a) County: Chariton
(b) City or town: Triplett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Chariton
(c) City or town: Triplett
(If outside city or town limits, write "RURAL")
(d) Street No. ____
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Rosa Payne
3. (b) If veteran, name war: ____
3. (c) Social Security No. ____
4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Husband
Alex Payne
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Feb. 14, 1886 (Month) (Day) (Year)

8. AGE: Years 55 | Months 6 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace: Chariton Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housekeeping
11. Industry or business: Her home
FATHER
12. Name: Harry Johnson
13. Birthplace: Kentuckey (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Martha Cox
15. Birthplace: Chariton Co. Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Alexa Payne
(b) Address: Triplett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/18/1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Triplett, Mo.
18. (a) Signature of funeral director: M. Williams
(b) Address: Laclede, Mo.
19. (a) Sep 4-41 (Date received local registrar) (b) R. P. Price (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 3 year 41 hour 7:05 minute P M.
21. I hereby certify that I attended the deceased from Aug. 17, 1941, to Sept 3, 1941, that I last saw her alive on Sept 3 (4:30 PM), 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial degeneration — Duration
Due to: Arteriosclerosis
Due to: Apoplexy
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
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? (Specify type of place)
While at work? (e) Means of injury: 0

23. Signature: Dr. K. T. Carter (M. D. or other) DO.
Address: Triplett, Mo. Date signed: 9/7/41

(Licensed Embalmer's Statement on Reverse Side)

NOV 13 1940

RECEIVED
District Health Officer No. 8,
District File Number 9-13-44
Date Filed

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 Me W.G.Thorne, Registered Apprentice No. 2876 working under my personal supervision.

Signed W.G.Thorne W.G.Thorne

Licensed Embalmer No. 2876

P. O. Address Laclede, Mo.

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.