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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 183

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 52-54

State File No. 28019

Registrar's No. 13

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Rural Porter (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: 1 (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Christian
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Nixa - Route 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Robert Richard Payne
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Male 0
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May 7 1938 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
3	3	10	hr. min.

9. Birthplace: (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: ✓
11. Industry or business: ✓
FATHER 12. Name: Jesse Payne
FATHER 13. Birthplace: (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: Clara Mills
MOTHER 15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Jesse Payne
(b) Address: Nixa, Mo. R-1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 18-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Delaware Cem.
18. (a) Signature of funeral director: J. W. Maples
(b) Address: Clever - Mo.
19. (a) Aug. 23 1941 (Date received by local registrar) Ida B. Hawkins (Registrar's signature)
167 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 17 year: 1941 hour: 9 minute: P. M.
21. I hereby certify that I attended the deceased from Aug 16, 1941, to Aug 17, 1941; that I last saw him alive on Aug 17, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Laryngeal Diphtheria — Duration: 8 or 10 days
Due to: neglect on part of parents
Due to:
Other conditions (Include pregnancy within 3 months of death): 10
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:
23. Signature: R. R. Farthing (M. D. or other)
Address: Ozark Mo Date signed:

RECEIVED
District Health Officer No. 6,
District File Number 941-1438
Date Filed SEP 8 1941

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.