DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32702

Registration District No. 810 | Primary Registration District No. 4485 | Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County: SCOTLAND

(b) City or town: MEMPHIS (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 ____ (Specify whether years, months or days) In this community: LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Scotland

(c) City or town: Memphis Mo. (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 ____

3. (a) PRINT FULL NAME: JOHN M JAYNE

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWER

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: Nov (Month) 27 (Day) 1858 (Year)

8. AGE: Years 82 | Months 6 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace: Scotland (City, town, or county) Mo (State or foreign country)

10. Usual occupation: LAWYER

11. Industry or business ____

FATHER

12. Name: SAMUEL E JAYNE

13. Birthplace: PENDLETON COUNTY KY (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: FANNIE E CROLEY

15. Birthplace: SCOTLAND (City, town, or county) MO (State or foreign country)

16. (a) Informant: J M Jayne

(b) Address: Memphis Mo.

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof: 6 26 41 (Month) (Day) (Year)

(c) Place: burial or cremation: MEMPHIS CEMETERY

18. (a) Signature of funeral director: DW Payne & Sons

(b) Address: Memphis Mo

19. (a) Oct 3-1941 (Date received local registrar) (b) E. E. Parrish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24 year 1941 hour 11 30 AM minute ____ M.

21. I hereby certify that I attended the deceased from June 10 1939 to June 24 1941 that I last saw him alive on June 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage — Duration

Due to: ____

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ Of autopsy: ____

830

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: A. V. Keithler (M. D. or other)

Address: Memphis Mo Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1874
Date Filed OCT 17 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.