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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38088

State File No.

FILED DEC 11 1941 193

Primary Registration District No. 6-2-64

Registrar's No. 18

1. PLACE OF DEATH:

(a) County ~~Springfield~~ Christian Co.
(b) City or town ~~Springfield~~ Fort Scott
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Box 58A
Rt. 1, Ozark, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Several Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian
(c) City or town Rt. 1, Ozark, 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

Robert Fulton Payne

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 26 12 1850
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant G. T. Payne

(b) Address Rt. 1, Ozark, Mo. Nov. 29, 1941

17. (a) Burial (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal) in Highlandville

(c) Place: burial or cremation Dunn Funeral Home

18. (a) Signature of funeral director _____
(b) Address 629 W. Walnut, Springfield, Mo

19. (a) Nov. 28, 1941 (b) Ida O. Hawkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____
_____ 19 _____ to _____ 19 _____
that I last saw h. _____ alive on _____ 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Duration _____
Coronary

Due to Senility

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 B. O. Klapp _____
Address Ozark _____ Date signed 11/27-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 1271-1818

Date Filed DEC 10 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, ~~and~~.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Lawrence R. Hall

Licensed Embalmer No. 2784

P. O. Address Springfield

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.