

FILLED DEC 56 1941

Registration District No. 688

Primary Registration District No. 3032

Registrar's No. 389

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia *PETA*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
518 West Second /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community week \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis *80*  
(c) City or town Sedalia (rural) *0*  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 4 *0*  
(If rural, give location) *1*  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19  
year 1941 hour 7:45 minute P.M.  
21. I hereby certify that I attended the deceased from Nov. 7, 1941  
5 to Nov. 19, 1941  
that I last saw him alive on Nov. 19, 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia *38*  
38

Due to Chronic Nephritis and  
arteriosclerosis.  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None *1318*  
Of autopsy None  
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) None  
(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? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0  
23. Signature Wm Wheeler (M. D. or other)  
Address Sedalia, Mo. Date signed 11-22-41

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Anne Painter Payne 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 23, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 1 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Newland, Missouri *0*  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Richard Hayden Payne /  
13. Birthplace Kentucky /  
(City, town, or county) (State or foreign country)  
14. Maiden name Polly Greer  
15. Birthplace Kentucky /  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Pleasant Bennett (dau.)  
(b) Address 518 West Second, Sedalia, Mo.  
17. (a) Burial (b) Date thereof 11/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery  
18. (a) Signature of funeral director Huane Curran  
(b) Address Sedalia, Missouri  
19. (a) 11-20-41 (b) Mrs Anna Bergert  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 8,

Case File Number.....

Date Filed 12-4-41

*Dr. Wheeler  
500 1/2 S. Ohio*

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 *John E. Myers*  
Licensed Embalmer No. *3220*  
P. O. Address *Sedalia, 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.