

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39230

State File No. ....

Registration District No. 735

Primary Registration District No. 5971

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or township of Union Mo.  
(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 9 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or township of Union  
(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 Mary Elizabeth Harrison Payne

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

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

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

7. Birth date of deceased Feb 28<sup>th</sup> 1852  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 8 2 hr. min.

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

10. Usual occupation At home

11. Industry or business .....

MOTHER FATHER { 12. Name John T. Daugherty

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

14. Maiden name Jennima Ann Newman

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

16. (a) Informant H E Patton

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Nov 4<sup>th</sup> 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antiack

18. (a) Signature of funeral director Mahan and Son  
(b) Address Moberly

19. (a) Nov 4-41 (b) Seal Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2<sup>nd</sup>  
year 1941 hour 11 minute 15 a.m.

21. I hereby certify that I attended the deceased from 1938  
19 to Nov 2<sup>nd</sup> 1941  
that I last saw h. ET alive on Nov 1<sup>st</sup> 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation  
Duration

Due to .....  
Due to .....

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

Major findings: 92 lb  
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?

While at work (Specify type of place) (e) Means of injury

23. Signature M. D. ... (M. D. or other)  
Address Moberly, Mo Date signed 11-30-1941

720 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2227

Date Filed DEC 18 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 Frank S. D. Webb

Licensed Embalmer No. 3021

P. O. Address Mobay, Pa.

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

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