S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42684

Registration District No. 668 Primary Registration District No. 5894 Registrar's No. 359

1. PLACE OF DEATH:

(a) County Pettis C. Cor Twp

(b) City or town Sedalia, Rural
(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
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80

(c) City or town Sedalia, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Route 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Allen 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 Married

6. (b) Name of husband or wife Maggie Butterbaugh Payne

6. (c) Age of ~~husband or~~ wife if alive 55 years

7. Birth date of deceased October (Month) 23, (Day) 1885 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	1	17	hr. min.

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

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name R. H. Payne
13. Birthplace Kentucky (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Greer
15. Birthplace Kentucky (City, town, or county) / (State or foreign country)

16. (a) Informant Mrs. Maggie Payne (wife)
(b) Address Route 4, Sedalia, Missouri

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-13-41 (Month) (Day) (Year)
(c) Place: burial or cremation HOPEWELL

18. (a) Signature of funeral director EWING FUNL. HOME
(b) Address Sedalia, Missouri

19. (a) 12-13-41 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1941 hour 4 minute 30 M.

21. I hereby certify that I ~~attended the~~ received body deceased from 12-10-, 1941, 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 Coronary occlusion

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy Coronary occlusion

Duration

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 3

23. Signature H. T. Bishop coroner (M. D. or other)
Address Sedalia Date signed 12-11-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 29 1942

RECEIVED
District Health Officer No. 8,

District File Number .....

Date Filed 1-14-42

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.