

FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2805

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 530
 (b) Township Walnut Primary Registration District No. 5707 Registered No. 1
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Benjamin Frantz Payton
 (a) Residence, No. USA St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF set 1932
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) set 1952
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 7 23
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. farm labor
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) macon County
 (STATE OR COUNTRY) Mo

FATHER 13. NAME Hamless Payton
 14. BIRTHPLACE (CITY OR TOWN) mo
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Rachel Dawning
 16. BIRTHPLACE (CITY OR TOWN) K4
 (STATE OR COUNTRY)

17. INFORMANT Eva Eaker
 (ADDRESS) Elmer mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE agee DATE 1/15, 1942

19. FUNERAL DIRECTOR Wm C. Hanna
 (ADDRESS) street mo

20. FILED 1-15, 1942 Missie Fred
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15, 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1942, to Jan 15, 1942
 I last saw him alive on Jan 15, 1942. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:

acute
Bronchial Pneumonia

Date of onset

1-15-42

Other contributory causes of importance:

Senility

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Harold D. Leh M. D.(Address) Elmer mo.

STATEMENT BY LICENSED EMBALMER

I, Henry C Young, Licensed Embalmer No. 3902

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Henry C Young
Licensed Embalmer No. 3902

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.)