S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6745

Registration District No. 334

Primary Registration District No. 5474

Registrar's No. 11

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

41
0
0

1. PLACE OF DEATH:

(a) County Hanson

(b) City or town Melbourne Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sugar Creek Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 73 years 2 month 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hanson 41

(c) City or town Melbourne Mo Rural 0
(If outside city or town limits write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME HANNAH M. PAYNE

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female 1

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 Oct (Month) 26 (Day) 1868 (Year)

8. AGE: Years 73 | Months 2 | Days 3 | If less than one day ..... hr. ..... min.

9. Birthplace Melbourne Mo Rural (City, town, or county) 0 (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Farm Industry

FATHER
12. Name Isaac Vandyke
13. Birthplace Chilliath Mo Rural (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Emily J. Lovell
15. Birthplace Paris Ill. (City, town, or county) 1 (State or foreign country)

16. (a) Informant George Payne
(b) Address Gilman City Mo Rural

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director W D Hainer
(b) Address Gilman City Mo.

19. (a) Feb. 3-1942 (Date received local registrar) (b) Zola M. Burres (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
year 1941 hour 11 minute 32 A.M.

21. I hereby certify that I attended the deceased from Dec 28, 1940 to Dec 29, 1941
that I last saw her alive on Dec 28, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46 b	

Major findings:
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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature W. L. Warren (M. D. or other)
Address Gilman City Mo Date signed 2-2-42

503 (Licensed Embalmer's Statement on Reverse Side)

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 W. D. Haines, Registered Apprentice No. ....., working under my personal supervision.

Signed W. D. Haines

Licensed Embalmer No. 942

P. O. Address Gilman City 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, above space should be left blank.