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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11704

Registration District No. 712 Primary Registration District No. 5941 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Liberty Township (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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 85

(a) State Missouri (b) County Pulaski

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Elisha Albert Payne

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Delitha Payne

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

7. Birth date of deceased July (Month) 3 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	7	18	hr. min.

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

10. Usual occupation Farmer

11. Industry or business On Farm

FATHER
12. Name Mulk Payne
13. Birthplace (City, town, or county) / Ky. (State or foreign country)

MOTHER
14. Maiden name Susan Carmack
15. Birthplace (City, town, or county) / Ky. (State or foreign country)

16. (a) Informant Mrs. Andy Eckman
(b) Address Swedeborg, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Fev. 23, '42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethlehem Cem.

18. (a) Signature of funeral director J. L. Hoops & Sons.
(b) Address Crocker, Mo.

19. (a) Feb 28-1942 (Date received local registrar) (b) Chas. McCodd (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1942 hour 5 minute 30 A M.

21. I hereby certify that I attended the deceased from Feb 1. 1941
, 19 , to Feb 5 , 1942
that I last saw him alive on Feb 4 , 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis — Duration 5 years

Due to

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy no

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 Everett A. Oliver (M. D. or other) M.D.
Address Richland Mo Date signed Feb 6 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 342-109
Date Filed 3-16-42

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Crocker 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.