

BUREAU OF THE CENSUS
FILED JUN 22 1942

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 132

14
1
2

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton city

(c) Name of hospital or institution: 709 Court St. 1
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Fulton

(d) Street No. 709 Court

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

If yes, name country _____

3. (a) PRINT FULL NAME Mauda O. Payne

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1942 hour 9 minute A M.

4. Sex X / 1

5. Color or race W

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept 2 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/5/42 to Present

that I last saw per alive on 5/8/42 at 9 A.M.

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma liver.

8. AGE:

Years	Months	Days	If less than one day
<u>56</u>	<u>8</u>	<u>6</u>	hr. min.

Due to _____

Due to H68

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

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

Major findings of operations: Metastatic nodules many. Very large liver. Origin, not found. No autopsy.

Physician _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business None

12. Name Ruth Overstreet

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

14. Maiden name Frances Smith

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

16. (a) Informant J. Payne

(b) Address Fulton Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof May 9, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Hillcrest Cemetery

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? _____

18. (a) Signature of funeral director J. Payne

(b) Address Fulton Missouri

While at work _____ (Specify type of place)

(c) Means of injury _____

19. (a) 5-9-42 (Date received local registrar)

(b) J. Payne (Registrar's signature)

23. Signature Ernest M. Paul

Address Fulton Mo Date signed 5/8/42

-68
1/6/43

1141

NOV - 5 - 1948

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 2 _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Everett Boggers W. _____
Licensed Embalmer No. 39140 _____
P. O. Address Fulton, 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.