

Registration District No. 231

Primary Registration District No. 5315

Registrar's No.

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Sturdiville

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME Lorey Albert Payne

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18th year 1942 hour 4 minute 20 P M.

21. I hereby certify that I attended the deceased from July 1 1941 to May 18 1942 that I last saw him alive on May 14 1942 and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced M

7. Birth date of deceased (Month) 11 (Day) 13 (Year) 1896

8. (b) Name of husband or wife Elizabeth Payne 6. (c) Age of husband or wife if alive _____ years _____ (Day) _____ (Year)

Immediate cause of death Chronic Valvular Disease of Heart

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 93d

8. AGE: Years 46 Months 5 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Robert Lee Payne

13. Birthplace Missouri

14. Maiden name Elizabeth Payne

15. Birthplace Stella Mo

16. (a) Informant Sabra Payne (b) Address Sturdiville MO

17. (a) _____ (b) Date thereof 5-20-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Cemetery

18. (a) Signature of funeral director [Signature] (b) Address Sturdiville MO

19. (a) 6/10/42 (b) [Signature] (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address Sturdiville MO Date signed 5-20-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 5

District File Number. 242497

Date Filed 8-10-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.