

S. No. 2
M-1-4-41
v. 5-17-39
X23930

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33052

State File No. _____

Nov NOV 11 1942

Registration District No. _____

Primary Registration District No. 3000

Registrar's No. 282

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksvill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Grim-Smith Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 5 hrs 28 min
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Unnamed Payne

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Oct. 30, 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 5 hrs 28 min

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

10. Usual occupation _____

11. Industry or business _____

12. Name John W. Payne

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

14. Maiden name Eula Fern Smith

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

16. (a) Informant John W. Payne

(b) Address Milan, Mo.

17. (a) Burial (b) Date thereof Nov 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood Cem. Severn

18. (a) Signature of funeral director _____
(b) Address Milan, Mo. Frank D.

19. (a) 11/2/42 (b) Mrs. J. Wayne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30th
year 1942 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 30, 1942 to Oct 30, 1942;

that I last saw her alive on Oct 30, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death prematurity (about 6 months gestation) Duration 5 hr-28 min

Due to maternal uremia 2 da.

Due to unknown

Other conditions Mother delivered by Caesarean section
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
159
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? _____

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

23. Signature E. Sanborn Smith (M. D. or other) _____
Address E. Sanborn Smith, M. D. Date signed 10-30-42

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

MOTHER FATHER

1047

(Licensed Embalmer's Statement on Reverse Side)

Kirksvill, Mo.

RECEIVED

District Health Officer No. 10

District File Number 11-42-2010

Date Filed NOV - 9 1942

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 Frank J. Schone

Licensed Embalmer No. 2016

P. O. Address Milan, 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.