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5-17-39  
PI X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED NOV 23 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36985

Registration District No. 98

Primary Registration District No. 5226

Registrar's No.

1. PLACE OF DEATH:

(a) County Bronford  
(b) City or town Rural Meramec  
(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 all of his life years, months or days) (Specify whether

3. (a) PRINT FULL NAME

John D. Payne

3. (b) If veteran name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 11 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 7 7 hr. min.

9. Birthplace Bronford Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Payne

13. Birthplace Bronford Co MO (City, town, or county) (State or foreign country)

14. Maiden name Collman

15. Birthplace Bronford Co MO (City, town, or county) (State or foreign country)

16. (a) Informant John Payne

(b) Address Steeleville MO

17. (a) \_\_\_\_\_ (b) Date thereof 10-20-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwards Cemetery

18. (a) Signature of funeral director R. L. Parker

(b) Address Steeleville MO

19. (a) 10/30/42 (b) W. M. Schrieder  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bronford  
(c) City or town Rural (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10<sup>th</sup> day 18<sup>th</sup> year 1942 hour 8 minute 2 M.

21. I hereby certify that I attended the deceased from Sept 10-  
1942 to Oct 18, 1942  
that I last saw him alive on Oct 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic  
Naloxone disease  
of heart

Due to \_\_\_\_\_ Duration 4 yr  
Due to \_\_\_\_\_  
Other conditions 93d  
(Include pregnancy within 3 months of death)

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? \_\_\_\_\_

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

23. Signature R. L. Parker (M. D. \_\_\_\_\_)  
Address Steeleville MO Date signed 10-29-42

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

29  
008  
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RECEIVED

District Health Officer No 5

District File Number 11421015-

Date Filed 11-23-42

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 Harry Jones

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Harry Jones

Licensed Embalmer No. 3628

P. O. Address St. Louis, 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.