

Registration District No. 48

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County GREENE
Springfield
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1213 E. Kingsbury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
50 Years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Greene 39
(a) State (b) County 2
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1213 E. Kingsbury
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7
year 1942 hour 12 noon minute M.

21. I hereby certify that I attended the deceased from
Nov 30 42 to Dec 4 42
that I last saw her alive on Dec 4 42
and that death occurred on the date and hour stated above.

Immediate cause of death auricular fibrillation
Duration not known

Due to
Due to

Other conditions (include pregnancy within 3 months of death) 95a

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

23. Signature Dr. Vail (M. D. or other) MD.
Address Springfield Mo Date signed Dec 7-1942

3. (a) PRINT FULL NAME Louise Payne Saxton

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

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

6. (b) Name of husband or wife William Saxton 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased July 31 1860
(Month) (Day) (Year)

8. AGE: Years 1 Months 82 Days 4 6
If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name Archibald Payne

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

14. Maiden name Elizabeth Unknown
(City, town or county) (State or foreign country)

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

16. (a) Informant Mrs. Eil Simon

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Dec. 9, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eastlawn

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-7-42 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

984 (Licensed Embalmer's Statement on Reverse Side)

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

39
2
6

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 *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, Ma.*

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.

X