No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 12 1943

Registration District No. 332

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4488

42174

State File No.

Registrar's No.

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

100
0
0

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Morley
(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 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Scott
(c) City or town Morley
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lucinda Jane Payton
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 Widow
6. (b) Name of husband or wife John William Payton
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 1. (Day) 1863 (Year)

8. AGE: Years 79 Months 11 Days 2 If less than one day hr. min.

9. Birthplace Washington Co (City, town, or county) Ill. (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business
FATHER
12. Name Samuel Davis
13. Birthplace Dont Know (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Mary E Hall
15. Birthplace Dont Know (City, town, or county) (State or foreign country)
16. (a) Informant Gertrude Payton
(b) Address Morley Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 5 (Day) 42 (Year)
(c) Place: burial or cremation Bhodgett, Mo
18. (a) Signature of funeral director Bisplinghoff & Hobbs
(b) Address Chaffee Mo
19. (a) Dec. 4-42 (Date received local registrar) (b) Mrs. Wm Foster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd year 1942 hour 5 PM minute M.
21. I hereby certify that I attended the deceased from Nov. 2nd, 1942, to Dec. 3, 1942
that I last saw her alive on Nov 30, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Regurgitation	
Acute Dilitation	3 Days
Due to	
Due to	
Other conditions Pernicious Anemia (Include pregnancy within 3 months of death)	1 Yr

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 A. D. Ferguson (M. D. or other)
Address Benton Mo Date signed 12/4/42

1042

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 143-45
Date Filed 1-8-43

OCT 27 1950

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 Mamie Berglingkoff

Licensed Embalmer No. 3242

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.