

FILED MAY 13 1943

Registration District No. **157** Primary Registration District No. **3028** Registrar's No. **93**

1. PLACE OF DEATH:
 (a) County **Jasper**
 (b) City or town **Carthage**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
McCune Brooks Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 Hrs.** (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: **49**
 (a) State **Missouri** (b) County **Jasper**
 (c) City or town **Carthage** **9**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **210 N Main St.**
 (If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Henry Payne**
 3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Jannie** 6. (c) Age of husband or wife if alive **Unknown** years
 7. Birth date of deceased **Nov. 4 1868**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 28 hr. min.

9. Birthplace **Carthage Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business **None**

MOTHER FATHER
 12. Name **Unknown**
 13. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Claude Payne**

(b) Address **Aurora Mo.**

17. (a) **Removal** (b) Date thereof **4/23/43**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La Junta Colo.**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **April 22 '43** (b) **Elizabeth Couplin**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **20**
 year **1943** hour **2** minute **95** P.M.
 21. I hereby certify that I attended the deceased from **April 18**
1943 to **April 20** 19**43**
 that I last saw him alive on **April 20** 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 108

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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. E. Baker** (M. D. _____)
 Address **Carthage Mo.** Date signed **4/22/43**

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

48-4-394

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.....

John D. Batchelder

Licensed Embalmer No. *4153*

P. O. Address..... *Carthage 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.