No. 2
5-42
17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3703

Registration District No. 241 Primary Registration District No. 4360 Registrar's No. 85

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville (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 years, months or days) 38 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Portageville (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 Richard Miles Payne

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug (Month) 5 (Day) 1890 (Year)

8. AGE: Years 53 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Owensboro (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Richard Miles Payne
13. Birthplace Frosset Town (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bidwell
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Mary Thompson

(b) Address Portageville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-19-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Portageville Mo

18. (a) Signature of funeral director Wm C. Dean

(b) Address Portageville, Mo.

19. (a) Dec 20-43 (Date received local registrar) (b) Edith Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8 year 1943 hour 9 minute P M.

21. I hereby certify that I attended the deceased from Dec 8, 1943 to Dec 8, 1943 that I last saw him alive on Dec 8, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Embolism	10 min
Due to Rectal tumor operation	2 weeks
Due to	
Other conditions none (Include pregnancy within 3 months of death)	

Major findings: Of operations Rectal tumor & abscess formation

Of autopsy none

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 R. C. Conrad M.D. (M. D. or other)

Address Portageville, Mo. Date signed Dec 9, 43

1187

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 14-143
Date Filed 1-13-44

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.....

Licensed Embalmer No.....

P. O. Address.....

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.