

1905

V. S. No. 2  
DOM-2-43  
Rev. 5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED JUL 13 1944

Registration District No. 174

Primary Registration District No. 3035

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Livingston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2095 13th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether  
In this community Life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lafayette  
(c) City or town 2095 13th St. / 54  
(If outside city or town limits, write "RURAL")  
(d) Street No. 13th (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME GERTRUDE PAYNE

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

4. Sex Fe 5. Color or race w 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Christie Payne 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased July 15 - 1917  
(Month) (Day) (Year)

8. AGE: Years 26 Months 10 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name Richard Muzzell  
13. Birthplace Ky (City, town, or county) (State or foreign country)  
14. Maiden name Wanda Capman  
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Christie A. Payne  
(b) Address Livingston, Mo.

17. (a) Burial (b) Date thereof 6-9-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Livingston, Mo.

18. (a) Signature of funeral director J. F. Schupf  
(b) Address Liv. Mo.

19. (a) 7-6-44 (b) Mrs. Fred Schwab  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7 year 1944 hour 11 minute 3:00 P.M.

21. I hereby certify that I attended the deceased from Oct 1943 to June 7 1944  
that I last saw her alive on June 5 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterus

Due to Cystosarcoma metastases  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H&E  
Of autopsy \_\_\_\_\_

Duration 10 Mts  
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 At. Richard (M. D. or other) \_\_\_\_\_  
Address Livingston, Mo. Date signed 7-6-44

1158

(Licensed Embalmer's Statement on Reverse Side)

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

54  
3  
23

*Byland*

RECEIVED

District Health Officer No. 8,

District File Number

*7-11-44*

Date Filed

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 *Garret J. Trump*

Licensed Embalmer No. *3245*

P. O. Address *Lexington, Va*

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.