

3. No. 2
8-13
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33909
State File No.
Registrar's No. 330

FILED NOV 10 1944
Registration District No.

Primary Registration District No. 3010

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott
(c) City or town Illmo
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME

Bonnie Rae Payne

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 Single

6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased Sep 1942
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation /

11. Industry or business /

12. Name Mathe Paul Payne

13. Birthplace Foynscht Mo
(City, town, or county) (State or foreign country)

14. Maiden name Hazel Louise Shaw

15. Birthplace Illmo Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Payne

(b) Address Illmo, Mo

17. (a) Burial (b) Date thereof Oct 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Bisplinghoff Hobbar

(b) Address Illmo Mo

19. (a) 10-10-44 (b) G. M. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9
year 44 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 7/8/44 19... to 10/9/44 19...
that I last saw her alive on 10/8/44 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia meningitis (mixed type)
Due to 107
Due to /
Other conditions (Include pregnancy within 3 months of death) /

Duration

PHYSICIAN

Major findings: Of operations /
Of autopsy none
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) (b) Means of injury 0

23. Signature A. B. Reed (M. D. or other)
Address Illmo Mo Date signed 10/10/44

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

MOTHER FATHER

1014

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4
District File Number 1144-453
Date Filed 11-7-44

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 Mamie Beplerhoff

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 with the above constitutes grounds for revocation of license.)

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