

**FILED DEC 15 1944**  
**128**

Registration District No. \_\_\_\_\_

Primary Registration District No. **5659**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **GREENE**  
(b) City or town **Rural - Springfield, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Charles Payne**  
**Rt. 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **64 Years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Greene**  
(c) City or town **Springfield, Mo. Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rt. 4** (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Laura Catherine Payne**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **F M** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Andrew C. Payne** 6. (c) Age of husband or wife if alive **78** years  
7. Birth date of deceased **Sept 19 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**69 1 25** \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **William Laird Holmes**

13. Birthplace **Unknown Pa.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Catherine Karnes**

15. Birthplace **Unknown Pa.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Payne**

(b) Address **1407 N. Brower, Springfield**

17. (a) **Burial** (b) Date thereof **11-16, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood**

18. (a) Signature of funeral director **W. L. Dunn**

(b) Address **Springfield, Mo.**

19. (a) **Nov 16 - 1944** (b) **Jewell Williams**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **November** day **14**  
year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Nov 14** 19**44**  
**ap** that I last saw h. **er** alive on **Nov 13** 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Charles Payne**  
**Dissection**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature **Mrs. John Payne** (M. D. or other) **MLC**

Address **Springfield Mo** Date signed **11-15-44**

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

Duration **2 yrs.**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**131a**

RECEIVED

Green County Health Office,

County File Number 44-12-90

Date Filed 12/13/44

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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

*C. N. McCall*

Licensed Embalmer No. 2891

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.**