

FILED MAR 5 1945

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 528

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Crescent
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None Lewis Road
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community 10- Mont hs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Crescent
(If outside city or town limits, write "RURAL")
 (d) Street No. Lewis Road
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Mary Kouns Payne
 (b) If veteran, name war None
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
 year 1945 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from 4-24-44, 1944 to 2-19, 1945
 that I last saw h alive on 2-19, 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife John E. Payne
 (c) Age of husband or wife if alive 90 years
 7. Birth date of deceased June 21 1868
(Month) (Day) (Year)

Immediate cause of death cerebral hemorrhage and by extension arterial by heart disease
 Due to Arterial atherosclerosis

8. AGE: Years 76 Months 8 Days 1
 If less than one day hr. _____ min. _____

Due to Occasional auricular fibrillation

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

Other conditions None
(Include pregnancy within 3 months of death)

10. Usual occupation House wife

11. Industry or business At home

Major findings:
 Of operations None
 Of autopsy None

12. Name Clarence F. Kouns

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

14. Maiden name Hester Hand

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

16. (a) Informant Clarence Kouns

(b) Address Crescent Mo.

17. (a) Burial (b) Date thereof Feb. 21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
 (b) Address Ballyn, Mo.

19. (a) FEB 24 1945 (b) D. E. G. McManis
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) _____
 Address Essex, Mo. Date signed 2-23-45

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

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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Dallwin, 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.