U. S. No. 2
M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

Registration District No. 128

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

9693

State File No.

Registrar's No. 231

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

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 day. (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Polk
(c) City or town: Fair Play
(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: Niram Paynter
3. (b) If veteran, name war: UNK.
3. (c) Social Security No. UNK.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Stella Paynter
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Feb. (Month) 9 (Day) 1881 (Year)

8. AGE: Years 64 Months 1 Days 86 If less than one day hr. min.

9. Birthplace: Cedar Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer.
11. Industry or business:
12. Name (FATHER): Chas. Paynter
13. Birthplace (FATHER): Va. UNK. (City, town, or county) Virginia (State or foreign country)
14. Maiden name (MOTHER): Martha Dunegan
15. Birthplace (MOTHER): UNK (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant: Jackson Paynter (son)
(b) Address: Louisville, Ky.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Fair Play, Mo.
18. (a) Signature of funeral director: Barber Funeral Home
(b) Address: Fair Play, Mo.
19. (a) 3-18-45 (Date received local registrar) (b) B. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1945 hour 2:00 minute A. M.
21. I hereby certify that I attended the deceased from March 10, 1945, to 3/17, 1945, that I last saw him alive on 3/16, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Obstruction of bowel	10 days
Due to: Carcinoma of colon	6 mo
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 46	PHYSICIAN
Of autopsy:	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: Guy D. Callaway M.D. (M. D. or other)
Address: Springfield, Mo. Date signed: 3/19/45

984 (Licensed Embalmer's Statement on Reverse Side)

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.