S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 14 1945

Registration District No. 282

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13909
State File No.

Primary Registration District No. 5733

Registrar's No. 2

1. PLACE OF DEATH:

(a) County MACON

(b) City or town Rural - Walnut township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. South of Elmer
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAKE-PAYTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

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 years

7. Birth date of deceased JAN. (Month) 3 (Day) 1861 (Year)

8. AGE: Years 84 | Months 2 | Days 29 | If less than one day hr. min.

9. Birthplace MACON-County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Hiram Payton

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

14. Maiden name Rachel Downey

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

16. (a) Informant E. H. Rankin

(b) Address Elmer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Agee

18. (a) Signature of funeral director Clyde McCallum

(b) Address Elmer, Mo.

19. (a) April 5 1945 (Date received local registrar) (b) Minnie Steed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1945 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from Mar 1, 1945 to April 1, 1945
that I last saw h alive on April 1, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	2 days.
Due to Appendicitis	28 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. D. Lebo (M. D. or other)

Address Elmer Mo Date signed 4/1/45

1038

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number E-45-816
Date Filed MAY-10-1945

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 Clyde McCollum

Licensed Embalmer No. 3226

P. O. Address Elmer, 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.