

FILED JUN 25 1945

Registration District No. 295-

Primary Registration District No. 4443

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Huntsville
(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 Randolph 88
(c) City or town Huntsville 1
(If outside city or town limits, write "RURAL")
(d) Street No. Elm Street 0
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Neal Holman Payne

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 Married
6. (b) Name of husband or wife Laura B. Payne 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 28 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 7 If less than one day
hr. _____ min. _____

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation plumbing & heating

11. Industry or business _____

MOTHER FATHER { 12. Name David S. Payne
13. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Janette Holman
15. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Laura B. Payne

(b) Address Huntsville, Missouri

17. (a) burial (b) Date thereof 6/7/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Mo.

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo.

19. (a) 6-19-1945 (b) Mrs. D.A. Barnhart
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1945 hour 6:30 A.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from Jan 1, 1943 to June 5, 1945
that I last saw him alive on June 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death CA of Bladder 2 1/2 ym
Duration _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 52h

Major findings: Of operations CA
Of autopsy none
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. Dreyer (M. D. or other) MD
Address Huntsville Mo Date signed 6/14/45

JUN 26 1945

RECEIVED

District Health Officer No. 10

District File Number 6-45-1014

Date Filed JUN 21 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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, TN

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.