

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED AUG 14 1945

Registration District No. 3

Primary Registration District No. 6294

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Worth  
(b) City or town Rural Green In  
(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)

3. (a) PRINT FULL NAME Louis Payton

3. (b) If veteran, name war. .... 3. (c) Social Security No. ....

4. Sex Male (1) 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. .... 6. (c) Age of husband or wife if alive. .... years  
7. Birth date of deceased Feb. 15 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 3 27 hr. min.

9. Birthplace Clinton County Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farm

12. Name William Payton

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

14. Maiden name Mabel Sherman

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

16. (a) Informant J. C. Payton

(b) Address Grant City, Mo.

17. (a) Burial (b) Date thereof June 14, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oxford Cemetery

18. (a) Signature of funeral director W. J. ...

(b) Address Worth, Mo.

19. (a) June 14, 1945 (b) Maynard ...  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth 113  
(c) City or town Rural Green  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15  
year 1945 hour 9:30 minute 9 M.

21. I hereby certify that I attended the deceased from June 7 1945 to June 12 1945;

that I last saw him alive on. .... 19. ....

and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 5 hr

Due to. ....

Due to. ....

Other conditions Chronic obstructive pulmonary disease 24 yr  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. ....

Of autopsy no (310)

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 W. J. ... (M. D. or other)

Address Grant City, Mo. Date signed 6-13-45

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 Me  
....., Registered Apprentice No. 2892  
working under my personal supervision.

Signed Hayes Andrews  
Licensed Embalmer No. 2892  
P. O. Address Worth, 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.**