

FILED NOV 6 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 297

1. PLACE OF DEATH:

(a) County Butler
 (b) City or town Poplar Bluff (Rural)
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Poplar Bluff, Mo.
(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 Butler ¹²
 (c) City or town Poplar Bluff, Missouri
(If outside city or town limits, write "RURAL")
 (d) Street No. Route # 4 ⁰
(If rural, give location) ⁰
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Thomas Burlie Payne

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. S
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive. _____ years
 7. Birth date of deceased Oct. 6, 1944
(Month) (Day) (Year)

8. AGE: Years 0 Months 11 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo. ⁰
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Foster E. Payne
 13. Birthplace Ark. ¹
(City, town, or county) (State or foreign country)
 14. Maiden name Delma Valley
 15. Birthplace Ark. ¹
(City, town, or county) (State or foreign country)

16. (a) Informant Foster E. Payne
 (b) Address Poplar Bluff, Mo.

17. (a) _____ (b) Date thereof 9-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clark Cemetery

18. (a) Signature of funeral director Richard Russell
 (b) Address Poplar Bluff, Mo.

19. (a) 10/27/45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 25
 year 1945 hour 6 minute a.m.

21. I hereby certify that I attended the deceased from 9-24, 1945 to 9-25, 1945
 that I last saw him alive on 9-24, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Gastro-Enteritis Duration 4 days
 Due to Unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 2
 Of operations _____
 Of autopsy 1196

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 J. W. Jordan (M. D. _____)
 Address Poplar Bluff, Mo. Date signed 9-25-45

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

160
4

640
100

740

105

RECEIVED
District Health Office, No. 2,
District File Number 1045-314
Date Filed 10-31-45

225
4

900
100

1000
635

365

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.