

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34412**
Registrar's No. **1**

Registration District No. **284** Primary Registration District No. **5974**

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

1. PLACE OF DEATH:
 (a) County **Falk**
 (b) City or town **Gardner (Rural) N. Green**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
6 miles North of Gardner
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 at home**
(Specify whether)
 In this community **life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Falk** **84**
 (c) City or town **Gardner (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6 miles North of Gardner**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country **none**

3. (a) PRINT FULL NAME **Osca Mark Payne**
3. (b) If veteran, name war **none**
3. (c) Social Security No. **none**

4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, **divorced**
6. (b) Name of husband or wife **Olle D. Payne**
6. (c) Age of husband or wife if **deceased**
7. Birth date of deceased. **March 23, 1859**
(Month) (Day) (Year)

8. AGE: Years **86** Months **3** Days **16**
 If less than one day
 hr. min.

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

10. Usual occupation. **Farmer**

11. Industry or business. **Farming**

MOTHER FATHER
12. Name **Joseph Payne**
13. Birthplace **Waukegan**
(City, town, or county) (State or foreign country)
14. Maiden name. **Mary Huchalay**
15. Birthplace. **Waukegan**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jesse Payne**
(b) Address **Gardner Mo.**

17. (a) Burial **(b) Date of death** **Sept 11, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. **Hopewell Cemetery**

18. (a) Signature of funeral director. **Erwin Blue**
(b) Address. **Balmar Mo.**

19. (a) Sept 12-45 **(b) Orel Zumwalt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **8**
 year **1945** hour **7** minute **P.** M.
21. I hereby certify that I attended the deceased from **Aug 30** 19**45** to **Sept 8** 19**45**
 and that I last saw him alive on **Aug 20** 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic nephritis**
James H. Reynolds

Due to **chronic nephritis**
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy **131/5**

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 **L. G. Glover** **(M. D. or other)**
Address **Springfield Mo** **Date signed** **Sept 10**

License No. 7,

Number 9-43-1012

Date Filed 10-19-45

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

Edward P. Erwin

Licensed Embalmer No. 3092

P. O. Address Ballwin, 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.