

S. No. 2
DM-5-43
v. 5-17-39
I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Schubert
State No. *40449*
Registrar's No. *189*

FILED JAN 8 1946

4033

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community All of life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Pamelia Elizabeth Payton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1945 hour 3:40 minute P M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Payton

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 26, 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from October 13, 1945 to December 16, 1945
that I last saw her alive on December 16, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>11</u>	<u>21</u>	_____ hr. _____ min.

Immediate cause of death Myocardial Insufficiency

Due to Myocardial Degeneration 2 mo.

Due to Rheumatic Myocarditis 2 yrs

9. Birthplace Bates Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

11. Industry or business _____

12. Name Jess Feedback

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

14. Maiden name Mary Ellen Maddox

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN W. Schubert

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Bertha Carson

(b) Address Butler, Missouri

17. (a) Burial (b) Date thereof 12/18/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson Cemetery

18. (a) Signature of funeral director Booth Funeral Home

(b) Address Butler, Missouri

19. (a) 12-25-45 (b) Pendell Kery
(Date received local registrar) (Registrar's signature)

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)

23. Signature W. Schubert (M. D. or other) 02

Address Amoret, Missouri Date signed 12-17-45

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

MOTHER FATHER

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. 3585

P. O. Address Butler Ind -

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.