

FILED FEB 4 1946
114

Registration District No.

Primary Registration District No. 4186

State File No.

Registrar's No. 574

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town SULLIVAN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community years years, months or days (Specify whether)

3. (a) PRINT FULL NAME Edgar Payne
(b) If veteran, name war NO.
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margaret Payne
6. (c) Age of husband or wife if alive 27 Yr. years
7. Birth date of deceased June 2, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
35 7 17 hr. min.

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

10. Usual occupation Laborer

11. Industry or business Various kinds.

MOTHER, FATHER {
12. Name Charlie Payne
13. Birthplace Fourbon Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lenner King
15. Birthplace Fourbon Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Golden Miller
(b) Address Sullivan Missouri

17. (a) Burial (b) Date thereof 1/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cross Roads Cemetery

18. (a) Signature of funeral director W. H. Stoffer
(b) Address Sullivan, Missouri

19. (a) 1/23/36 (b) E. F. Altman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Sullivan
(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 January day 20th
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck crushed & mangled by an unidentified passenger train
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy yes
169-8
30

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) accident
(b) Date of occurrence 1/20/1946
(c) Where did injury occur? Sullivan Franklin mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Church St. crossing East of St.
While at work? no (Specify type of place) (c) Means of injury crushed feet
23. Signature E. F. Altman (M. D. or D.O.)
Address Union mo Date signed 1/29/46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-2-46

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.....

Edgar W. Laffoon

Licensed Embalmer No.....

3394

P. O. Address.....

Sullivan, 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.