DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4396

Registration District No. 369. Primary Registration District No. 4538 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont Mo
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 111

(a) State Missouri (b) County Wayne

(c) City or town Piedmont 1
(If outside city or town limits, write "RURAL") 0

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mitchell Bradford Payton

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M. 1

5. Color or race W.

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

6. (b) Name of husband or wife Sophia Jane Brown

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

7. Birth date of deceased JAN. (Month) 25 (Day) 1860 (Year)

8. AGE: Years 85 Months 11 Days 4 If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business .....

MOTHER FATHER

12. Name Bradford Payton

13. Birthplace Don't Know (City, town, or county) 4 (State or foreign country)

14. Maiden name Don't Know

15. Birthplace " (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mr. William Payton

(b) Address Piedmont, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 6, '46 (Month) (Day) (Year)

(c) Place: burial or cremation Hixson Cemetery Wayne Co.

18. (a) Signature of funeral director William Coder

(b) Address Piedmont, Mo.

19. (a) Jan. 30, 1946 (Date received local registrar) (b) Lucie E. Piles (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4 year 1946 hour 6 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Jan 2, 1946 to Jan 4, 1946 that I last saw h. alive on Jan 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchial Pneumonia	48 hours
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 107

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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 C. S. Jones M.D. (M. D. or other)

Address Piedmont Mo. Date signed 1-4-46

340 (Licensed Embalmer's Statement on Reverse Side)

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 Coder Funeral Home, Registered Apprentice No. _____ working under my personal supervision.

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
45
43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Feb

Registration District No. 369 Primary Registration District No. 4-38 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Mitchell B. Payton

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 Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan 25 (Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 1-30-1946 (Date received local registrar) (b) (Susie E. Piles, (Registrar's signature))

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day
year 1946 hour 12 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 — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

3453

4396