

No. 2
5-43
17-39
X36671

State File No.

FILED APR 22 1946

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
St. Elizabeth Hospital 0
(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 Marion 64

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

(d) Street No. R R # 2 0
(If rural, give location)

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

3. (a) PRINT FULL NAME James R Paynter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White

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

6. (b) Name of husband or wife Emma Marguerite Paynter

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

7. Birth date of deceased January 25, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

80 1 26 hr. _____ min.

9. Birthplace Palmyra Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business XX

12. Name Richard Paynter

13. Birthplace Cornwall England 4
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Painter

15. Birthplace Warren County Virginia 1
(City, town, or county) (State or foreign country)

16. (a) Informant James R Paynter Jr.

(b) Address Hannibal Missouri

17. (a) Burial (b) Date thereof 2/25/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive

18. (a) Signature of funeral director Gregory Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 3-23-46 (b) St. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1946 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to Mar 8 1946
that I last saw him alive on Mar 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death suicide

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence Mar 8 - 1946

(c) Where did injury occur? Union Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place)

(e) Means of injury cut throat

23. Signature A. B. Blue (M. D. or other) _____

Address Hannibal Mo Date signed 3-23-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

149

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

Crawford Smith

Licensed Embalmer No..... 7814

P. O. Address..... Hannibal Missouri

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.