S. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22671

Registration District No. 32 Primary Registration District No. 5114 Registrar's No. 45

1. PLACE OF DEATH:

(a) County Bollinger

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

(c) Name of hospital or institution: Near Arab Mo, On highway 51, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9

(c) City or town Rural Wayne Twp (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 Thomas H. Payne.

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased Novembe (Month) 12 (Day) 1885 (Year)

8. AGE: Years 60 Months 7 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business Farming

FATHER
12. Name John Payne
13. Birthplace ..... (City, town, or county) Ind, 1 (State or foreign country)

MOTHER
14. Maiden name Pheby Hardety
15. Birthplace ..... (City, town, or county) Ohio, 1 (State or foreign country)

16. (a) Informant Molly Morgan
(b) Address Arab Missouri,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 - 27 - 46 (Month) (Day) (Year)
(c) Place: burial or cremation Cox Cemetary

18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Missouri,

19. (a) July 12, 1946 (Date received local registrar) (b) Willie Vanconburgh (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946 hour Nine minute 30 P.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 .....

170 C 2
21

ADDITIONAL MEMORANDUM SUPPLEMENTARY INFORMATION REQUESTED

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? Run over by Motor Vehicle, driver unknown

While at work? was along hiway (Specify type of place) Means of injury

23. Signature [signature] (M. D. or other)

Address Probate Judge Actg. coroner Date signed 6-27-46

25

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 846-2473

Date Filed 8-9-46

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.