

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

State File No. 32607  
Registrar's No. 1338

FILED OCT 17 1946

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Andrain

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

(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain

(c) City or town Mexico 4  
(If outside city or town limits, write "RURAL") 1

(d) Street No. 622 E Park 2  
(If rural, give location) 0

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RICHARD PORTER PAYNE

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

3. (c) Social Security No. 491-05-6627

4. Sex Male 5. Color Black 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 2 9 1880  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 2<sup>nd</sup> year 1946 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Coroner Case to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE: Years 66 Months 7 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Cook

Immediate cause of death Bill died while washing in the kitchen at the Lopez hotel in Mexico, Mo. Bill was dying from a heart trouble (Chronic Hypertension) due to that the deceased died from no evidence of violent or foul play.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Payne

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

14. Maiden name Elizabeth Johnson

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

16. (a) Informant Oscar Payne

(b) Address 604 E. Park Mexico, Mo

17. (a) Burial (b) Date thereof 10 6 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, MO

18. (a) Signature of funeral director L. Owen

(b) Address 101 N. Western Mexico, Mo

19. (a) Oct 5-1946 (b) Blanche Kelly  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations none

Of autopsy none 930

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? \_\_\_\_\_

While at work? yes (Specify type of place) \_\_\_\_\_ (e) Means of injury Coroner

23. Signature S. C. Adams (M. D. or other) \_\_\_\_\_

Address Mexico, Mo Date signed 10-2-46

OCT 31 1946

RECEIVED  
State Health Officer No. 10  
Date of Recd. 10:46:1899  
Dial Filed OCT 14 1946

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 *J. P. ...*  
Licensed Embalmer No. 4245  
P. O. Address Sedalia 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.