. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 28 1947

Registration District No. 38

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16499

Primary Registration District No. 3006

Registrar's No. 152

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: 6 Westwood Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 69 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6 Westwood Ave. 4
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BENJIMAN McALESTER PAYNE

3. (b) If veteran, name war None

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 Ethel Fine Payne

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

7. Birth date of deceased 12 - 7 - 1877
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	5	12	..... hr. ..... min.

9. Birthplace Boone County Missouri C
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Groceryman

11. Industry or business

FATHER
12. Name James Robert Payne
13. Birthplace Boone Co. Missouri C
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Harrington
15. Birthplace Boone Co. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W.L. Eckhardt
(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof 5-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 5-21-47 (b) Mrs. R E Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1947 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from Jan 3, 1946
—, 19—, to May 19, 1947
that I last saw him alive on May 19, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculus Bronchopneumonia	3 wks
Due to Re-infection Chronic Pulmonary Tuberculosis	15 years
Due to	
Other conditions Senility Chronic (Include pregnancy within 3 months of death) myocardial decompensation	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 0

23. Signature Maurice E. Cooper (M. D. or other) M D

Address Columbia, Mo. Date signed May 21, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 5-27-47

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 Tom McHarg

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.