

FILED NOV 5 1947

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: West Plains Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell  
(c) City or town 609 Osage  
(If outside city or town limits, write "RURAL")  
(d) Street No West Plains Mo  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Orral D Payne

3. (b) If veteran, name war ✓ 3. (c) Social Security No 510-18-7659

4. Sex Mo 5. Color or race W 6. (a) Single, widowed, married, divorced m = 1  
6. (b) Name of husband or wife Goldie Payne 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased July 18 - 1907  
(Month) (Day) (Year)

8. AGE: Years 40 Months 1 Days 19 If less than one day (hr.) (min.)

9. Birthplace Wilson Co., Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Cat Herd

11. Industry or business meatler

12. Name E. W. Payne

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

14. Maiden name Mary Fields

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

16. (a) Informant Goldie Payne

(b) Address West Plains Mo

17. (a) \_\_\_\_\_ (b) Date thereof 9/8-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Independence, K.S

18. (a) Signature of funeral director Robertson

(b) Address West Plains Mo

19. (a) Oct 6 - 1947 (b) Beatrice Cook  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 7 year 1947 hour 9 minute 15

21. I hereby certify that I attended the deceased from 15 Aug 1947 to 7 Sept 1947  
that I last saw him alive on 7 Sept 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: embolism from deep abscess on back of neck with marked cellulitis.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 157

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? \_\_\_\_\_

23. Signature Regent Smith (M. D. or other) W.D.  
Address West Plains Mo Date 11 Sept 47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

46

RECEIVED

District Officer No. 5,

District File No. 1047643

Date Filed 10-30-47

R7D  
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.....

*Robert T. Drago*  
working under my personal supervision.

Registered Apprentice No. 432

Signed *Raymond D. Robertson*

Licensed Embalmer No. 24325

P. O. Address *Detroit, Mich*

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.