

Registration District No. **270** Primary Registration District No. **4430**

1. PLACE OF DEATH:
(a) County **Pulaski**
(b) City or town **Crocker**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **25 years**
years, months or days)

3. (a) PRINT FULL NAME **Jennie Payne**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Samuel L. Payne** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 21 1867**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	9	29	hr. _____ min.

9. Birthplace **Latham, Mo.** (City, town, or county) (State or foreign country) **0**

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **John Kelsey** 9
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name **Jane Hale** 9
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ruby Warden**
(b) Address **Crocker, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 21, 48**
(Month) (Day) (Year)
(c) Place: burial or cremation **Crocker Cemetery**

18. (a) Signature of funeral director **J.L. Hoops & Sons**
(b) Address **Crocker, Missouri**

19. (a) **Feb. 11, 1948** (Date received local registrar) (b) **Missouri C. Buntly** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pulaski** 85
(c) City or town **Crocker** 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **20**
year **1948** hour **4** minute **A E** M.
21. I hereby certify that I attended the deceased from **Mar 19 1948** to **Jan 20 1948**
that I last saw her alive on **Jan 19 1948** and that death occurred on the date and hour stated above.
Immediate cause of death **Pneumonia, Bronchial**
Due to **Fractured femur, neck** 8 weeks
Due to **Cardio-vascular renal disease** 5 yrs.
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy **same as 18**

Duration **3 days**
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) **Accident** 85
(b) Date of occurrence **Dec 15, 1947**
(c) Where did injury occur **Crocker, Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
23. Signature **C. W. Heltz** (M. D. or _____)
Address **Crocker, Mo** Date signed **2-9-48**

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

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..... *Paul B. Hoop*
Licensed Embalmer No..... *3761*
P. O. Address..... *Waynesville, 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.