

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 16 1948

Registration District No. 374

Primary Registration District No. 6276

Registrar's No. 5

1. PLACE OF DEATH:

(a) County North
(b) City or town Grant City Rural-E Union
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution West of Grant City 5 mile
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days) Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North
(c) City or town Rural Grant City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mile West of City
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John Charles Payton

3. (b) If veteran, name war No

3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Payton 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased February 17 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Parnell (country) Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Lewis Payton
13. Birthplace Ahinton Country Mo
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Alice McClanahan
15. Birthplace Nodaway County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Payton
(b) Address Grant City Mo

17. (a) Burial (b) Date thereof Feb. 4-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Vernon Cemetery

18. (a) Signature of funeral director John Anderson

(b) Address Grant City Mo

19. (a) February 3 1948 (b) Leta E. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31
year 1948 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from October
19 46 to June 19 48;
that I last saw him alive on January 30 19 48;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 5 hours
Arteriosclerotic Cardiovascular Disease 1-3 years

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations of 329
Of autopsy _____
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? (Specify type of place) _____ (e) Means of injury C

23. Signature Frank B. Matteson Date signed 2/11/48
Address Grant City Mo

AUG 22 1950

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

John Andrews....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John Andrews*.....

Licensed Embalmer No. *4211*.....

P. O. Address. *Grant City 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.