

S. No. 2
M-5-43
r. 5-17-39
I X36671

FILED MAY 1 1948

State File No. _____

Registration District No. 206

Primary Registration District No. 2042

Registrar's No. 77

1. PLACE OF DEATH:

(a) County MADISON
(b) City or town FREDERICKTOWN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
302 Newberry /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community: 16 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County MADISON 62
(c) City or town Fredericktown, Mo. /
(If outside city or town limits, write "RURAL")
(d) Street No. 302 Newberry /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CLARA PAYNE

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George W. Payne 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: June 17 1861
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business None

12. Name Frank Payne

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

14. Maiden name Unknown

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

16. (a) Informant Marvin Payne

(b) Address Fredericktown, Mo.

17. (a) Burial (b) Date thereof 4-26-48
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
New Masonic Burial Home Fredericktown, Mo.

18. (a) Signature of funeral director Sam Wajima, Jr.

(b) Address Fredericktown, Mo.

19. (a) 4-26-48 (b) Therence Dickes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 22
year 1948 hour 12:30 minute A-M
21. I hereby certify that I attended the deceased from
21 Jan 1 - 1948 to Apr 22 - 1948
that I last saw her alive on Apr 12 - 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Heart failed Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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) no

(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 _____

23. Signature M. B. Barber (M. D. or other) _____

Address Fredericktown Date signed 4/24/48

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

RECEIVED

District Health Officer No. 4

District File Number 448-560

Date Filed 4-28-48

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 Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, 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.