

FILED JUN 1 1948

Registration District No. **3**

Primary Registration District No. **5021**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Atchison**
(b) City or town **Rural, Nishnabotna twsp.**
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Atchison**
(c) City or town **Rural, Nishnabotna, Twsp.**
(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 _____

3. (a) PRINT FULL NAME **Sarah Alice Payne**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased: **8 11 1863**
(Month) (Day) (Year)

8. AGE: Years **84** Months **9** Days **11** If less than one day _____ hr. _____ min.

9. Birthplace **Hancock Co., Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **House keeper**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Adams**
13. Birthplace **Ireland**
14. Maiden name **Esther Doyle**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henry Watson**
(b) Address **Watson, Missouri**

17. (a) **Burial** (b) Date thereof **5/24/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **High Creek Cem.**

18. (a) Signature of funeral director **Bartholomew Mortuary**
(b) Address **Rock Port, Missouri**

19. (a) **May 24 - 48** (b) **J. A. Gray**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **22**
year **1948** hour **1** minute **30 A.** M.

21. I hereby certify that I attended the deceased from **May 1 - 1948** to **May 22, 1948**
that I last saw him **alive on May 22, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death
Mesenteric thrombosis.
Due to **arterial decay.**

Other conditions (Include pregnancy within 3 months of death)
99

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature **J. A. Gray** (M. D. or other) _____
Address **WATSON MO** Date signed **5/23/48**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE MARKS AND RECORDS

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

Grady Bartholomew

Licensed Embalmer No.

3173

P. O. Address

Rock Post. 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.