No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

Registration District No. 327

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 31688

Registrar's No. 205

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Putnam Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 Months (Specify whether years, months or days)
In this community: 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Saline
(c) City or town: Nelson
(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: Congrave Jackson Payton
3. (b) If veteran, name war: ---------
3. (c) Social Security No.: ---------

4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Rosie Bell Payton
6. (c) Age of husband or wife if alive: ----- years
7. Birth date of deceased: May (Month) 6 (Day) 1861 (Year)

8. AGE: Years 87 | Months 4 | Days 11 | If less than one day: ---------- hr. min.

9. Birthplace: Howard Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: ----------

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: William McGraw
(b) Address: Nelson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Nelson Cem.
18. (a) Signature of funeral director: Harry Hershberger
(b) Address: Marshall, Mo.
19. (a) Sept 19-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 17 year: 1948 hour: 12 minute: 55 A.M.

21. I hereby certify that I attended the deceased from 5-10- 1948 to 9-17- 1948 that I last saw him alive on 9-16- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Gangrene	1 week
Due to: Uremic poisoning	3 wks
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: No
Of autopsy: No

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature: H. C. Putnam (M. D. or other)
Address: Marshall Mo Date signed: 9-18-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-7-48

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 Joseph R. Mackler
Licensed Embalmer No. 4571
P. O. Address Marshall, 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.