

REC'D FEB 25 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3155
Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
(b) Township PARIS Primary Registration District No. 4344 Registered No. 2
(c) City PARIS (d) Street No. No. Main St. Paris, Mo. St. Mo.
(e) Length of residence in city or town where death occurred 51 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

500 HASSY CLANCET PAYNE
(a) Residence, No. PARIS, MO. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF EDNA K. PAYNE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG 17, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DOCTOR OF MEDICINE
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) APRIL 1938 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CLATENCE MO.

FATHER 13. NAME BENNETT A. PAYNE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CAMP POINT ILL.

MOTHER 15. MAIDEN NAME MOLLIE B. HUTCHERSON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PALMYRA MO.

17. INFORMANT (ADDRESS) Mrs. ALVA GIBBS KICKSVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE JAN. 13, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLANEY PARIS, MO.

20. FILED 1-12-39 F. A. Barnett, M.D. Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 12, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1938, to Jan. 12, 1939

I last saw him alive on Jan. 12, 1939 Death is said to have occurred on the date stated above, at 10:45 A.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the colon with metastasis - - - D.K. Date of onset

Other contributory causes of importance: Hb

Name of operation None recently - Had one 11/30 Date of 11/30

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury 1938

Where did injury occur? None (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify. (Signed) F. A. Barnett, M. D.

(Address) PARIS, MO.

RECEIVED

District Health Officer No. 10

District File Number 10-39-131

Date Filed FEB 13 1959

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 E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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, above space should be left blank.