

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

23054  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Vernon Registration District No. 871  
 (b) Township metz Primary Registration District No. 6154  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 11  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 2. PRINT FULL NAME Francis W. Payne  
 (a) Residence, No. Rich Hill Mo. R. # 5 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Vinnie Payne  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 2 - 1893  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 1 6  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1940  
 22. I HEREBY CERTIFY, That I attended deceased from March 18 1940 to June 9 1940  
 I last saw him alive on June 7 1940 Death is said to have occurred on the date stated above, at 11:30 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Hodgkin's Disease  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 72 1/2  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) Robert H. Smith, M. D.  
 (Address) Rich Hill, Mo.

12. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri  
 13. NAME Enoch W. Payne  
 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Kentucky  
 15. MAIDEN NAME Parmelia Creigler  
 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Missouri  
 17. INFORMANT (ADDRESS) Mrs. Francis W. Payne  
Rich Hill R. # 5  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rider DATE June - 11 - 1940  
 19. FUNERAL DIRECTOR (NAME) Pond & Peasley  
 (ADDRESS) Rich Hill Mo.  
 20. FILED 6-11, 1940 J. Hulman Wilson 856 (Address) Rich Hill, Mo.  
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITELY GARRETT, WITH CONFIDING INDUSTRIES IS A PERMANENT RECORD

RECEIVED.  
District Health Officer No. 7,  
District File Number 7-40-106-6  
Date Filed 7-66-40

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. Hudson Rowley  
Licensed Embalmer No. 2730  
P. O. Address Rich Hill 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.