

STANDARD CERTIFICATE OF DEATH

State File No. 28237

Registration District No. 169

Primary Registration District No. 4098

Registrar's No. 22

FILED SEP 16 1940

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

1. PLACE OF DEATH:

(a) County Chariton
(b) City or town Brunswick
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 21
(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 17 11

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Brunswick Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13 year 1940 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from Aug 7 - 1940 to Aug 13, 1940 that I last saw him alive on Aug 12, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic cardio-renal insufficiency
Due to hypertension
Due to _____

Duration 2 yrs
3 yrs

Other conditions (Include pregnancy within 3 months of death) 121

Major findings: Of operations none
Of autopsy none

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

3. (a) PRINT FULL NAME SPENCER PAYNE

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

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Widower

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

7. Birth date of deceased Don't know
(Month) (Day) (Year)

8. AGE: Years about 72 Months _____ Days _____ If less than one day hr. min.

9. Birthplace Brunswick Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business 7

12. Name Don't know

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Vincent Payne
(b) Address Cassical Bluffs Iowa

17. (a) Burial (b) Date thereof 8-14-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo

18. (a) Signature of funeral director L. W. ...
(b) Address Brunswick Mo
19. (a) 8/13/40 (b) Harry E. Tatum
(Date received local registrar) (Registrar's signature)

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? 158

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Harry E. Tatum (M. D. or other) 1
Address Brunswick Mo Date signed 8/13/40

RECEIVED
District Health Officer No. 8
Date Filed _____
Index File Number _____
07-110

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 L. M. Beisel
Licensed Embalmer No. 823
P. O. Address Brunswick

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.