

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29165

State File No. _____

Registration District No. 592

Primary Registration District No. 4350

Registrar's No. 25

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Montgomery City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Julia Belle Payne GD
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 Married
6. (b) Name of husband or wife Frank Payne Age of husband or wife if alive 68 years
7. Birth date of deceased 6/10/1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 25 If less than one day
hr. _____ min. _____

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

10. Usual occupation Home

11. Industry or business _____

MOTHER { 12. Name Walter Gibson
13. Birthplace Un Known
(City, town, or county) (State or foreign country)
14. Maiden name Emma Bain
15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mable Buford
(b) Address Chesterfield Mo.

17. (a) Burial (b) Date thereof 8/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem.

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) Aug. 26, 40 (b) Julia Hennefer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Montgomery
(c) City or town Montgomery City
(If outside city or town limits, 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 Aug day 25
year 1940 hour 4 minute 25 p. M.

21. I hereby certify that I attended the deceased from June 26, 1939
19____ to August 25, 1940;
that I last saw her alive on August 24, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypostatic pneumonia 2dys.

Due to Carcinoma of Breast 2yrs.

Due to Carcinoma of Intestine ?

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations SD
Of autopsy None
PHYSICIAN _____
Underline the cause to 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?

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

23. Signature James P. Helmer (M. D. or other) _____
Address New Florence Mo. Date signed 8-26-40

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

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 _____ on the
25 th day of August 1940 _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

I487

P. O. Address Montgomery City, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.