

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

REG FEB 25 1941

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1103 - N. Clark St. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County AUDRAIN  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1103 N. Clark  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Martha E. Payne

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 0 W

6. (b) Name of husband or wife Frank Payne 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Aug. 18, 1877  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>63</u>	<u>5</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Shamrock, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name James . Brandenburg

13. Birthplace Callaway County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Lucinda Hall

15. Birthplace Callaway County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ann Peyton

(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 1/31/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Mexico Mo

18. (a) Signature of funeral director [Signature]

(b) Address Mexico, Missouri

19. (a) Jan-30-1941 (b) Blanche Kelly  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan 29 day year 1941 Hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec-9- 1940 to Jan-29 1941  
that I last saw her alive on Jan 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix  
Due to Carcinoma of Cervix - primary seat  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 4/6

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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? 23  
(Specify type of place) \_\_\_\_\_  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) Dr  
Address Mexico Mo Date signed 1-30-41

RECEIVED

District Health Officer No. 10

District File Number 2-41-447

Date Filed FEB 19 1941

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 Chas. Amodeo

Licensed Embalmer No. 3069

P. O. Address Amoy, N.Y.

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, fact should be so stated above.