

FILED APR 10 1941

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

10377
Do not use this space.

1. PLACE OF DEATH
 (a) County Christian Registration District No. 195-280
 (b) Township Sparta Primary Registration District No. 5258 Registered No. 31
 (c) City Sparta, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME LAURA PAYNE
 (a) Residence, No. Sparta Mo. April 2 mi. N.E. 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

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed 2.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo L. Payne
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 30 - 1869
 7. AGE YEARS 71 MONTHS 4 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. O
 FATHER 13. NAME Beverly Wall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. I
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Edna Sherman Sparta Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta Mo DATE Mar 11 1941
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ransom Choff Sparta Mo 171
 20. FILED Mar 24 1941 Josephine Merritt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9th 1941
 22. I HEREBY CERTIFY That I attended deceased from May 24 1940 to Mar 9th 1941
 I last saw him alive on Mar 3rd 1941 Death is said to have occurred on the date stated above, at 12 - noon
 The principal cause of death and related causes of importance were as follows:
Pneumonia, Hypostatic
 Date of onset 2-20-41
 Other contributory causes of importance:
Pneumonia Chronic, untypical? Bronchiectasis.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) D. H. Harris M. D.
 (Address) Sparta, Mo.

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.

RECEIVED

District Health Officer No. 6,

District File Number 441-588

Date Filed APR 9-1941

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 T. B. Chebbin

Licensed Embalmer No. 2192

P. O. Address Clark M

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.