

FILED MAY 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15009**

Registration District No. 468

Primary Registration District No. 4281

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 50 years
years, months or days

8. (a) PRINT FULL NAME Henry Rosen Cranz Payne

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

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

6. (b) Name of husband or wife Lula C Payne 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Nov. 17 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 5 9 hr. _____ min.

9. Birthplace ? / Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Harrison Payne

13. Birthplace ? / Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Jane /?

15. Birthplace ? / Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant W. M. Payne

(b) Address Marionville Mo.

17. (a) Burial (b) Date thereof 4/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville Mo.

18. (a) Signature of funeral director Strom Bradford

(b) Address Marionville Mo.

19. (a) April 28, 1941 (b) Laura O. Cannady
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Marionville
(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 April day 26
year 1941 hour 9 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 4-25- 1941 to 4-26-41 1941;
that I last saw him alive on 4-26-41 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Shock & asphyxiation Duration 2 days

Due to Strangulated hernia Duration 2 days

Due to _____

Other conditions myocardial degeneration
(Include pregnancy within 3 months of death) several years

Major findings: Passability PHYSICIAN _____

Of operations _____ Underline the cause to which death should be charged statistically.

Of autopsy _____

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?

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

23. Signature P. L. Laney (M. D. or other) D
Address Marionville, Mo. Date signed 4/28/41

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

5
2
0

RECEIVED

District Health Officer No. 8,

District File

541-761

Date filed

MAY 8 1947

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

Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.