

No. 2
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

FILED AUG 28 1941

STANDARD CERTIFICATE OF DEATH

State File No. 27887

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 319

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

1. PLACE OF BIRTH: **Butler**
 (a) County **Butler**
 (b) City or town **Poplar Bluff**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Brandon**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 hours**
 In this community **Years**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **CRIT PAYTON**
 3. (b) If veteran, name war **--**
 3. (c) Social Security No. **487-18-6318**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Mary Payton**
 6. (c) Age of husband or wife if alive **---** years
 7. Birth date of deceased **Sept. 21, 1886**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 10 23 hr. min.

9. Birthplace **Grayson county, Kentucky**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER
 12. Name **Charley Payton**
 13. Birthplace **Grayson county, Ken.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Leona Craig**
 15. Birthplace **Ken.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Payton**

(b) Address **Dexter, Mo. Route # 2.**

17. (a) **Burial** (b) Date thereof **Aug. 16-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Harper cemetery**

18. (a) Signature of funeral director **Chiles Und. Co.**

(b) Address **Bloomfield, Mo.**

19. (a) **8-21-41** (b) **Belle Kiune**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Stoddard**
 (c) City or town **Dexter, Mo. Route # 2.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **14th**
 year **1941** hour **9:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug. 13, 1941**
 to **August 14, 1941**

that I last saw him alive on **August 14, 1941**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Basal Skull Fracture**
 Duration **8-13-41**

Due to **Being hit by a falling tree while cutting timber.**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) **Accident**

(b) Date of occurrence **August 13, 1941**

(c) Where did injury occur? **Bloomfield, Missouri**
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On farm.

While at work? **Yes** (Specify type of place) **Struck by falling tree**
 (c) Means of injury

23. Signature **W. L. Brandon, M. D.** (M. D. or other)
 Address **Poplar Bluff, Missouri** Date signed

RECEIVED

District Health Office No. 2

District File Number 841-1164

Date Filed 8-26-41

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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 *John Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

27887

State File No.

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 829

1. PLACE OF DEATH

(a) County Butler
(b) City or town Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 hrs
(Specify whether
In this community Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Deer, Mo. Route #2
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Oris Clayton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color of race w

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 10-3-41

(Date received local registrar)

(b) Belle Kinne

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I first saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

