

No. 2
1-4-41
-17-39
X28390

FILED SEP 12 1941

Registration District No. 668

Primary Registration District No. 3039

Registrar's No. 254

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City # 2 Sedalia D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community George Payton

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 215 E. Henry
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME GEORGE PAYTON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug day 9
year 1941 hour 2 P.M. minute _____ M.

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

7. Birth date of deceased: Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/6 1941 to 8/9 1941
that I last saw him alive on 6/9/41
and that death occurred on the date and hour stated above.

8. AGE: Years 84 Months _____ Days _____ If less than one day hr. _____ min. _____

Immediate cause of death Sarcoma
in the Coxygeal region
coxy

Due to D.K.

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

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

10. Usual occupation Farmer

11. Industry or business Charles Payton

12. Name Charles Payton

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations None

Of autopsy None

16. (a) Informant Euneline Payton

(b) Address Sedalia

17. (a) Elkfork (b) Date thereof Aug 12 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elkfork

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? _____

18. (a) Signature of funeral director F. J. Ferguson

(b) Address Sedalia Mo

19. (a) Aug 11, 1941 (b) Mrs. Harry Sued
(Date received local registrar) (Registrar's signature)

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

23. Signature Mrs. Ferguson (M. D. or other) _____
Address 128 1/2 W. Main Sedalia Mo Date signed 8/11/41

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

RECEIVED
District Health Officer No. 8
District File Number
7-1-01-6
Filed

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 F. W. Ferguson
Licensed Embalmer No. 2172
P. O. Address Sedalia

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29056

Registration District No. 668

Primary Registration District No. 3032

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(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)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(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

George Payton

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex m

5. Color or race B

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).....

(b) Date thereof.....

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation.....

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

(b) Address.....

19. (a) 8-11-41
(Date received local registrar)

(b) Mrs. Harry Sneed
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....

year 1941

hour.....

minute.....

M.....

21. I hereby certify that I attended the deceased from.....

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....

Sarcoma from the coccygeal region of the O.P., back bone

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?.....

While at work?.....
(Specify type of place)

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

Address..... Date signed.....

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

SUPPLEMENTARY

10-11-41

