FILED OCT 28 1941

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

35794 83

Do not use this space.

1. PLACE OF DEATH
(a) County PLATTE Registration District No. 698
(b) Township ~~WESTON~~ Primary Registration District No. 4420 Registered No. 0
(c) or City WESTON (d) Street No. 1 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 LILLIE BRESHER PAYNE 0
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): WIDOWED 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: JOHN C. PAYNE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): FEB 11, 1857
7. AGE: YEARS 84 MONTHS 7 DAYS 8 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): WESTON MISSOURI 0

FATHER
13. NAME: JESSE BRESHER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown KENTUCKY

MOTHER
15. MAIDEN NAME: JANE BUSEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WESTON MISSOURI 0

17. INFORMANT (ADDRESS): Mrs Charles Bonnell Weston, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Pleasant Ridge Cem DATE: Sept 21, 1941
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W. B. Vaughn Weston, Mo.
20. FILED 9/26, 1941 J H Bell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~August 13~~ Sept 19 1941

22. I HEREBY CERTIFY, That I attended deceased from August-13-, 1941, to Sept-19-, 1941
I last saw her alive on Sept-19-, 1941. Death is said to have occurred on the date stated above, at 6:20 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis & Chronic Glomerular nephritis.

Date of onset

Other contributory causes of importance: 130 Duodenal ulcer (vomited blood) 2 yrs ago.

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) Lewis C. Calvert, M. D.
(Address) Weston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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 W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.