

No. 2  
1-4-41  
-17-39  
X28990

DEC 17 1941 419

Registration District No. \_\_\_\_\_

Primary Registration District No. 5573

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town (Rural) Mc Donald, Turn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
2 Years (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49  
(c) City or town (Rural) Reeds route #1 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1 0  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George M. Payne  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov day 21  
year 1941 hour 2 minute 30 A M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male /  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edithe Grapes  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased March 17 1874  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion 1 1/2 hrs  
Mr Payne was dead at time of my arrival.  
Due to History of heart disease about 4 years duration. No previous treatment by me.

8. AGE: Years 67 Months 8 Days 4  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 9/4 a  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace Marion / Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation Ret'd-Oil Production  
Oil

11. Industry or business \_\_\_\_\_  
12. Name William Payne  
13. Birthplace Unknown / Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown Crissip  
15. Birthplace Unknown / Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George Payne  
(b) Address Reeds RT. No. 1  
17. (a) Burial (b) Date thereof 11-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Park Cemetery

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 Ed. C. Ulmer  
(b) Address 1208 S. Garrison

While at work? \_\_\_\_\_ (Specify type of place) (a) Means of injury \_\_\_\_\_  
23. Signature W E Boyd MD (M. D. or other) 0  
Address Carthage Mo. Date signed 11-27-41

19. (a) Nov 24-41 (b) Mrs Mary Hall  
(Date received local registrar) (Registrar's signature)

41-19 6069

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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 S. Remick*  
Licensed Embalmer No..... *41977*  
P. O. Address..... *Carthage*

**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.**