S. No. 2
—11-10-39
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38728

State File No. 23

Registration District No. 492

Primary Registration District No. 5-652A

Registrar's No.

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

7
0
6

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town ~~Winfield Monroe Twp~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1/2 Mi. South 3 Winfield Mo.
(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 Missouri (b) County ~~XXXX~~ St/Louis 94

(c) City or town Kinloch 0
(If outside city or town limits write "RURAL")

(d) Street No. Monroe ave m Lunch St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Bessie Payne

3. (b) If veteran, name war ? 3. (c) Social Security No. none

4. Sex F 3 5. Color or race Col 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John H. Payne 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Mon (Month) 10 (Day) 1891 (Year)

8. AGE: Years 50 Months 6 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Warrensburg (City, town, or county) 6 Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant John H. Payne
(b) Address Monroe Ave, Kinloch, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 29, 41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros
(b) Address Lix Ave, Kinloch

19. (a) 11-24-41 (Date received local registrar) (b) [signature] (Registrar's signature)

441

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year ..... hour ..... minute ..... 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.

Immediate cause of death Jury Verdict
The Cause to her Death
by Automobile Accident
Due to on highway #79
1/2 mile South of
Due to Winfield Mo

Other conditions 8
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170C
Of autopsy 22

Duration

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 Nov 23 - 1941 P.T.
(c) Where did injury occur? Near Winfield (City or town) (County) (State)
(d) 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 3

23. Signature M. P. Riddle Coroner (M. D. or other)
Address Troy Mo Date signed 11/23/41

(Licensed Embalmer's Statement on Reverse Side)

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 O'Garlan Ricks

Licensed Embalmer No. 4012

P. O. Address Winfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.