

Registration District No. FILED JUN 15 1942

Primary Registration District No. 4363

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

1. PLACE OF DEATH:

(a) County: NEWTON

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: NEWTON

(c) City or town: NEOSHO
(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: MONA DARLENE PAYTON

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

4. Sex: FEMALE 5. Color or race: WHITE 6. (a) Single, widowed, married, divorced: SINGLE

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

7. Birth date of deceased: DECEMBER 26, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace: NEOSHO MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation: INFANT

11. Industry or business _____

MOTHER FATHER { 12. Name: JAMES ANDERSON PAYTON

{ 13. Birthplace: GREENE CO. MISSOURI
(City, town, or county) (State or foreign country)

{ 14. Maiden name: DONA LEONA CROW

{ 15. Birthplace: MCDONALD CO. MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant: James A. Payton
(b) Address: Neosho Mo.

17. (a) Burial (b) Date thereof: 5-28-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Gibson Cemetery

18. (a) Signature of funeral director: Carley Thompson
(b) Address: Neosho Mo.

19. (a) 5-27-42 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 27
year 1942 hour 1:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 27, 1942 to May 27, 1942
that I last saw him/her alive on May 27, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Asphyxia Duration 10 Min

Due to: Bronchial Pneumonia 12 Hrs.

Due to: Whooping Cough (Pertussis) 3 Wks.

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

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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)

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

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

23. Signature: Frank L. Plumbault (M. D. or other) M.D.
Address: Neosho, Mo. Date signed: 5-27-42

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RECEIVED

District Health Officer No. 6,

District File Number 642-867

JUN 12 1942

Date 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 Andrew Forbes

Licensed Embalmer No. 3649

P. O. Address Neosho, 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.