

S. No. 2
M-9-4-41
ev. 5-17-39
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33495

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 14 1942

Registration District No. 69

Primary Registration District No. 695273

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural - Parter sup
(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)

In this community most of life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian

(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 Sarah E. Payne

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

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased: April - 16 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>5</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace _____ (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name George Slay

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

14. Maiden name Margaret Bledsoe

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

16. (a) Informant Nancy Payne

(b) Address Cluber - Mo.

17. (a) Burial (b) Date thereof Oct. 11 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation M^cConnell

18. (a) Signature of funeral director J. W. Maples

(b) Address Cluber - Mo.

19. (a) 10/15/42 (b) Edna B. Ward, Deputy
(Date received local registrar) (Registrar's name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9th year 1942 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from Jan 10 1941 to Sept 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Essential Hypertension Syns

Due to _____

Other conditions. (Include pregnancy within 3 months of death) Ja

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)

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

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

23. Signature J. W. Maples (M. D. or other) _____

Address Cluber, Mo Date signed Oct 13

(Licensed Embalmer's Statement on Reverse Side)

1249

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

2000

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1142-1417

Date Filed NOV 12 1942

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 J.W. Maples
Licensed Embalmer No. 2985-
P. O. Address Clenee 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.