

S. No. 2
-9-4-41
5-17-39.
1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11667**

FILED APR 27 1943

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Stoddard**
(b) City or town **Essex, R. 1.**
(c) Name of hospital or institution: _____
(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 **Stoddard**
(c) City or town **Essex, Mo. R. 1**
(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 **William Samuel Payne,**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mary G. Payne,** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **Feb. 9, 1868**
(Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **7** If less than one day _____ hr. _____ min.

9. Birthplace **Georgia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business **Farmer**

12. Name **Unknown**

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

14. Maiden name **Rider**

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

16. (a) Informant **Mary G. Payne,**

(b) Address **Essex, Mo. R. 1.**

17. (a) **Burial** (b) Date thereof **March, 17, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Taylor**

18. (a) Signature of funeral director **Watkins Funeral Ser.**

(b) Address **Dexter, Mo.**

19. (a) **3-16-43** (b) **Norma Gross**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **16**
year **1943** hour **2** minute **10** A. M.

21. I hereby certify that I attended the deceased from **9-27-42** to **3-16-43**
that I last saw him alive on **3-15-43** and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia** Duration **3**

Due to **Pulmonary Tuberculosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **13R1**

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. P. Bruden** (M. D. or other) _____

Address **Essex, Mo.** Date signed **3-16-43**

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

MOTHER FATHER

1129

RECEIVED

District Health Office No. 2,

District File Number 343-391

Date Filed 3-19-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.