

FILED SEP 13 1943

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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

REGISTERED SEP 13 1943  
Registration District No. 256

Primary Registration District No. 2001

Registrar's No. 475

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:  
124 N. Wall St; /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 69 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town 124 N. Wall St;  
(If outside city or town limits, write "RURAL")

(d) Street No. Joplin Mo;  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country No 0

3. (a) PRINT FULL NAME Annie M. Payton;

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 22 day 1943  
year hour 8-30 P. M. minute \_\_\_\_\_ M.

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

21. I hereby certify that I attended the deceased from Aug 31, 1943 to Aug 29, 1943  
that I last saw him alive on Aug 27, 1943  
and that death occurred on the date and hour stated above.

4. Sex Fem. 5. Color or race white 6. (a) Single, widow (b) Married, married  
6. (b) Name of husband or wife George W. Payton; 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

Immediate cause of death General arteriosclerosis

Due to Senility

7. Birth date of deceased Nov. 22, 1848  
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) 97

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
94 9 0 hr. \_\_\_\_\_ min.

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? \_\_\_\_\_

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

10. Usual occupation housewife;

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Headen

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

14. Maiden name Elizabeth Toombs;

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

16. (a) Informant Mrs. William Orfield.  
(b) Address 124 N. Wall St; Joplin Mo;

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 26, 43  
(Month) (Day) (Year)  
(c) Place: burial or cremation Fairview Cem.

18. (a) Signature of funeral director Hurlbut Und. Co;  
(b) Address Joplin Mo;

19. (a) 8-25-43 (Date received local registrar) (b) Gustavo Sucholtz (Registrar's signature)

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

Signature Rush L. Hall (M. D. or other) 1943

Address Joplin Mo Date signed 8/24/43

(Licensed Embalmer's Statement on Reverse Side)

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

43-8-747

*[Handwritten signature]*

**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 *Perry K. Hurlbut*

Licensed Embalmer No. *959*

P. O. Address *Garfield*

**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.**