

FILED MAY 15 1944

Registration District No. **243**

Primary Registration District No. **4364**

Registrar's No. **12**

1. PLACE OF DEATH:

(a) County **Newton**
(b) City or town **Stella**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Stella Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 hrs.**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **LAURA ANNA PAYNE**
(b) If veteran, name war _____
(c) Social Security No. _____

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **M**
(b) Name of husband or wife **Noah Payne** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **June 4 1900**
(Month) (Day) (Year)

8. AGE: Years **43** Months **10** Days **8**
If less than one day _____ hr. _____ min.

9. Birthplace **McDonald Co. Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Wesley Phillips**
13. Birthplace **Ark.**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Stites**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Noah Payne**
(b) Address **Rocky Comfort, Mo. Rt. 1**
17. (a) **Burial** (b) Date thereof **4-14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Rocky Comfort Cem.**

18. (a) Signature of funeral director **W. D. Moon**
(b) Address **Cassville, Mo.**
19. (a) **5-3-1944** (b) **Alpha P. Hale Dyer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **McDonald**
(c) City or town **3 1/2 Mi. S.W. of Rocky Comfort**
(If outside city or town limits, write "RURAL")
(d) Street No. **Kings Hollow**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**
year **1944** hour **8** minute **0** P. M.

21. I hereby certify that I attended the deceased from **April 11 1944** to **April 12 1944**
that I last saw **her** alive on **April 12 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **burst blood vessels over most of body**
Due to _____
Due to **Nervous exhaustion while building fire**
Other conditions **with heart**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy **181 15**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accidental**
(b) Date of occurrence **April 11 - 1944 060**
(c) Where did injury occur? **McDonald Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at her home
While at work? **yes** (Specify type of place)
(e) Means of injury **business**
23. Signature **A. E. Dwyer** (M. D. or other)
Address **Stella Mo.** Date signed **5/4/44**

Duration **16 hours**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

300

1311

RECEIVED 5-5-44
District Health Officer No?.....
District File Number 544-93.....
Date Filed 5-11-44.....

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, ~~by~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed W. C. Koon
Licensed Embalmer No. 4359
P. O. Address Cassville, 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.