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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21944

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 345

58
1
2

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

1. PLACE OF DEATH: LINN
(a) County LINN
(b) City or town Brookfield 1317 N MAIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1317 N MAIN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Linn 58
(c) City or town Brookfield 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1317 N Main 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ELZORA MAY. PAYNE
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Female 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife A W. PAYNE
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased MAY (Month) 22 (Day) 1883 (Year)

8. AGE: Years 61 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Baker twp. Linn Co (City, town, or county) Mo U (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Drury Watson
13. Birthplace (City, town, or county) Missouri U (State or foreign country)
MOTHER
14. Maiden name Mary Alleger
15. Birthplace Linn Co. Baker Twp Mo (City, town, or county) (State or foreign country)
16. (a) Informant A W Payne
(b) Address 1317 No Main
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 (Month) 2 (Day) 1944 (Year)
(c) Place: burial or cremation Rose Hill
18. (a) Signature of funeral director C. D. Wright
(b) Address Brookfield Mo - 831 Strawberry
19. (a) 6-30-1944 (Date received local registrar) (b) W N Cannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1944 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 21, 1942, to June 28, 1944 that I last saw he alive on June 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	1½ Wo
Due to Chronic Interstitial Nephritis	10 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

31a

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature R. M. B. Hale (M. D. or other) MD
Address Brookfield Mo Date signed 6/30/44

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1954

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.