

S. No. 2
M-5-43
5-17-39
X36671

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

30851

State File No. _____

FILED OCT 6 1944

Registration District No. 113

Primary Registration District No. 5430

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Moselle
(If outside city or town limits, write "RURAL" and name of township)

(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 years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Franklin

(c) City or town Moselle
(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) PRIN FULL NAME Elmer Pleasant Payton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 9-13-1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 - day 17
year 1944 hour 5 - minute 0 - M.

21. I hereby certify that I attended the deceased from 9-13 1944 to 9-17 1944
that I last saw him alive on 9-15 1944
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 4 Days _____
If less than one day hr. min.

Immediate cause of death atelectasis

Due to _____

Due to _____

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

Other conditions 16/10
(Include pregnancy within 3 months of death)

10. Usual occupation _____

11. Industry or business _____

12. Name Van Payton

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

14. Maiden name Carrie Jackson

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

Major findings: 16/10
Of operations _____

Of autopsy _____

16. (a) Informant Van Payton

(b) Address Moselle MO

17. (a) Burial (b) Date thereof 9-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cor 2 Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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)

(c) Means of injury _____

18. (a) Signature of funeral director St. Clair MO

(b) Address _____

19. (a) 9/17/44 (b) P. J. King
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Kitchell (M. D. or other) 9/17

Address St. Clair MO Date signed _____

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1120

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

10-5-44

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, 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.