V. S. No. 2
100M—2-43
Rev. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33985

State File No.

FILED OCT 23 1944

Registration District No. 1

Primary Registration District No. 5270

Registrar's No. 8

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town rural Lincoln Dugo
(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
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town rural 22
(If outside city or town limits, write "RURAL")

(d) Street No. Clever, R#1 0
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME David Larkin Payne

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Jessie Payne

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 9, 1876 (Month) (Day) (Year)

8. AGE: Years 67 ~~xxx~~ Months 10 Days 23 If less than one day hr. min.

9. Birthplace Ark. 1
(City, town, or county) (State or foreign country)

10. Usual occupation farming

11. Industry or business

FATHER
12. Name John Payne
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Wilson
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Payne

(b) Address Clever, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Wise Hill

18. (a) Signature of funeral director T. W. Maples

(b) Address Clever, Mo.

19. (a) Aug. 7, 1944 (Date received local registrar) (b) Mary F. Spears (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2nd year 1944 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 26, 1944, to Aug. 2, 1944; that I last saw him alive on Aug. 2, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Arteriosclerosis

Due to

Due to 94a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 2

23. Signature R. W. Marshall (M. D. or other) D.O.

Address Billings, Mo. Date signed Aug. 4/44

1249

(Licensed Embalmer Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 944-1024
Date Filed SEP 8 1944

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 J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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.