

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **362-10**
Registrar's No. **370**

Registration District No. **43** Primary Registration District No. **3007**

1. PLACE OF DEATH:
(a) County **BUTLER**
(b) City or town **POPLAR BLUFF**
(c) Name of hospital or institution: **POPLAR BLUFF HOSPITAL**
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **BUTLER**
(c) City or town **WAPPAPELLO**
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **DONNA KAY PAYTON**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **NOV 11 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **2**
If less than one day hr. _____ min. _____

9. Birthplace **POPLAR BLUFF MO**
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name **IRA W. PAYTON**
13. Birthplace **CHAONIA MO**
14. Maiden name **ALPHA CONNER**
15. Birthplace **ELLSINORE MO**

16. (a) Informant **Ira W. Payton**
(b) Address **Wappapello MO**
17. (a) **BURIAL** (b) Date thereof **NOV 14 1946**
(c) Place: burial or cremation **WAPPAPELLO CEM.**

18. (a) Signature of funeral director **N.F. Phelps**
(b) Address **Poplar Bluff MO**
19. (a) **11-18-46** (b) **R.M. Mettler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **13**
year **1946** hour **7** minute **20 A.M.**
21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fetal heart Prematurity**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **157**
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) **suicide**
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **W.P. Henrickson** (M. D. or other) _____
Address **Poplar Bluff MO** Date signed **12 Nov 46**

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

RECEIVED
District Health Office No.
District File Number 1146-1267
Date Filed 11-21-46

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 N. J. Phelps
Licensed Embalmer No. 3231
P. O. Address Poplar Bluff 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.