

No. 2
12-45
17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20354**

FILED JUL 1 1947

Registration District No. 27

Primary Registration District No. 3012

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
938 St. Paul
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 23 years
years, months or days)

3. (a) PRINT FULL NAME Roy Thomas Payne

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-01-8736

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Susie Kelly Payne 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased October 28 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 7 16 hr. min.

9. Birthplace Near Pleasant Hill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Power Plant Employee

11. Industry or business Mo. Power & Light Co.

12. Name Andrew Irvin Payne

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

14. Maiden name Helithia Smith

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

16. (a) Informant Mrs. Roy T. Payne

(b) Address Excelsior Springs, Missouri

17. (a) Removal (b) Date thereof 6-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo!

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 6/17/47 (b) Caroline Hutchings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 938 St. Paul
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1947 hour 9 minute 20 p.m.

21. I hereby certify that I attended the deceased from 4-14
1947 to 6-15 1947
that I last saw him alive on 6-15 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Th. (Pituitary) adenoma
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
3P

Major findings:
Of operations _____
Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signat C. B. Hutchings (M. D. or other) MD
Address Excelsior Springs, Mo Date signed 6/16/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

Duration 2 yrs.
PHYSICIAN Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-9-47

APR 1 1948

DEC 15 1948

TEST I MIA

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, only

....., Registered Apprentice No.....

working under my personal supervision.

Signed Robert E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.