

No. 2  
-1/47/  
5-17-39

National Office of Vital Statistics

FILED DEC 30 1947/40  
Registration District No. ....

Primary Registration District No. **3024**

Registrar's No. ....

1. PLACE OF DEATH:

(a) County **Howard**  
(b) City or town **Fayette**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **301 So. Mulberry St**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howard** 45  
(c) City or town **Fayette**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **301 So. Mulberry St**  
(If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **NINA PAYNE**

3. (b) If veteran, name war. **—** 3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **George Payne** 6. (c) Age of husband or wife if alive **48 1/2** years  
7. Birth date of deceased **7-11-1867** (Month) (Day) (Year)

8. AGE: Years **80** Months **3** Days **15** If less than one day hr. min.

9. Birthplace **Howard Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **Edmond Jennings** 9

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

14. Maiden name **unknown**

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

16. (a) Informant **June Payne** 9

(b) Address **Mo. 47**

17. (a) **Removal** (b) Date thereof **10-26-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Belk Creek Mo.**

18. (a) Signature of funeral director **Stuart Parker**

(b) Address **Columbia Mo.**

19. (a) **—** (b) **ANNA R. TINDALL** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **26** year **1947** hour **1** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **October 13**, 19**47**, to **October 27**, 19**47**, that I last saw her alive on **October 13**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Fractured left hip**  
**Arteriosclerosis**  
**Due to Arteriosclerosis ulcer**

Duration  
**6 weeks**  
**2 weeks**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **186 A**

Of autops: **14**

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **RECORDED**

(b) Date of occurrence **4/5**

(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? (Specify type of place) (e) Means of injury **0**

23. Signature **Francis J. Allen M.D.** Address **Lee Park Fayette Mo.** Date signed **10-27-47**

PHYSICIAN

Underline the cause of death which should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION

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

MOTHER FATHER

Date Filed 12-29-47  
District File Number \_\_\_\_\_  
District Health Officer No. 9,  
**RECEIVED**

30 1947

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Registered Apprentice No. \_\_\_\_\_

Signed Stuart D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Jan  
Registrar's No. 97

Registration District No. 140 Primary Registration District No. 3024

1. PLACE OF DEATH:

(a) County Hayward  
(b) City or town Fayette  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Home  
In this community 3 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ninia Payne

(b) If veteran, name war ---

(c) Social Security No. ---

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Jesse Payne 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased July 4 (Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 13 If less than one day hr. 11 min. 110

9. Birthplace Ut home (City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business ---

MOTHER FATHER { 12. Name Edmund Jennings  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name ---  
15. Birthplace --- (City, town, or county) (State or foreign country)

16. (a) Informant Jesse Payne

(b) Address Columbus, Mo

17. (a) (Burial, cremation, or removal) Sold week, Mo (b) Date received 10-26-47 (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace, Mo

18. (a) Signature of funeral director St. Ignace, Mo

(b) Address Columbus, Mo

19. (a) 1-18-1948 (Date received local registrar) (b) Dorothea M. Sobiech (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howard  
(c) City or town Fayette  
(If outside city or town limits, write "RURAL")  
(d) Street No. 381 S. Mulberry  
(If rural, give location)  
(e) Citizen of foreign country? --- (Yes or No)  
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 26 year 1947 hour --- minute --- M.

21. I hereby certify that I attended the deceased from --- to --- 19---; that I had seen --- and that death occurred on the date and hour stated above. Immediate cause of death ---

(1) fracture left hip  
(2) toxemia  
Due to muscle colitis 2 wk  
Duration ---

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

Major findings: Of operations ---  
Of autopsy ---

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? ---

While at work? (Specify type of place) (c) Means of injury ---

23. Signature Francis D. Deane (Date received local registrar) or other ---  
Address See Hospital Date signed 10/27/47

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

SUPPLEMENTARY

41539

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Jan  
Registrar's No. \_\_\_\_\_

Registration District No. 140 Primary Registration District No. 302x

1. PLACE OF DEATH:  
(a) County Howard  
(b) City or town Rayette  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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) PRINT FULL NAME Nina Payne  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 01 day 24 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 \_\_\_\_\_

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced m  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_  
7. Birth date of deceased: July (Month) 1 (Day) 1900 (Year)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 80 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) mo  
10. Usual occupation \_\_\_\_\_

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name \_\_\_\_\_  
13. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Jan 21 - 1944  
(c) Where did injury occur? Rayette, Howard, Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_  
18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Registrar's signature)  
(Date received local registrar)

23. Signature Francis J. Allen (M. D. or other) MD  
Address 1211 1/2 W. 11th St., Rayette, Mo Date signed 1-2-47

SUPPLEMENTARY

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

41539