No. 2
1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1713

Registration District No. FILED JAN 19 1948

Primary Registration District No. 3040

Registrar's No. 3

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1515 Webster Street
(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 60 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Livingston
(c) City or town: Chillicothe
(If outside city or town limits, write "RURAL")
(d) Street No.: 1515 Webster Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Bolivar Payne
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Eva Crews Payne
6. (c) Age of husband or wife if alive: 84 years
7. Birth date of deceased: March (Month) 28 (Day) 1861 (Year)

8. AGE: Years 85 | Months 9 | Days 7 | If less than one day ..... hr. ..... min.

9. Birthplace: Fayette (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Laborer
11. Industry or business .....
FATHER
12. Name: Dudley Payne
13. Birthplace: Howard County, Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Rachel Robinson
15. Birthplace: Howard County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Bolivar Payne
(b) Address: Chillicothe, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-7-47 (Month) (Day) (Year)
(c) Place: burial or cremation: South Colored Cemetery
18. (a) Signature of funeral director: Norman Funeral Home
(b) Address: Chillicothe, Missouri
19. (a) Jan 7-48 (Date received local registrar) (b) Frances D. Neill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 5 year: 1948 hour: 1 P.M. minute: ..... M.
21. I hereby certify that I attended the deceased from Dec 14, 1947 to Jan, 1948 that I last saw him alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of liver	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 .....
23. Signature: [illegible] M.D. or other)
Address: Chillicothe Mo Date signed: 1/7/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.