S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2030

Registration District No. 280 Primary Registration District No. 5964 Registrar's No. 1

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

1. PLACE OF DEATH:
(a) County Phatte
(b) City or town Northmore
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pettis Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Phatte
(c) City or town Northmore
(If outside city or town limits, write "RURAL")
(d) Street No. Pettis Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME David Madison Payton
3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Melvina Porter Payton
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased September (Month) 2 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	2	hr. min.

9. Birthplace Phatte County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Cabinet Maker (Retired 9yrs)
11. Industry or business Same as above
FATHER
12. Name Elisha Payton
13. Birthplace " (City, town, or county) " (State or foreign country)
MOTHER
14. Maiden name Mary Ann Bullock
15. Birthplace " (City, town, or county) " (State or foreign country)
16. (a) Informant Willard Payton
(b) Address Smithville, Missouri R.F.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Smithville, Missouri
18. (a) Signature of funeral director McComas Funeral Home
(b) Address Smithville, Missouri
19. (a) 1-6-48 (Date received local registrar) (b) Ophia Rollins (Registrar's signature)

MEDICAL CERTIFICATION.

20. DATE OF DEATH: Month January day 4th year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from 1-1, 1948 to 1-4-, 1948 that I last saw him alive on 1-4-48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death ~~Bronchitis~~ Bronchitis pneumonia
Due to Acute heart failure
Sen. Arteriosclerosis
Due to Senility
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.

107

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 [signature] (M.D. or other)
Address McKenzie City Mo Date signed 1-6-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-20-48

JAN 21 1948

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 ditto, ditto, Registered Apprentice No. ditto, working under my personal supervision.

Signed Owen J. Boggess Jr.

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.