

National Office of Vital Statistics  
FILED JUL 21 1948

Registration District No. 122

Primary Registration District No. 5456

Registrar's No. 13

## 1. PLACE OF DEATH:

(a) County Greene  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Wilson Township  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: Life (Specify whether years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. R. R. #8 Wilson Township  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country

3. (a) PRINT FULL NAME Etta May Payne3. (b) If veteran, name war. No3. (c) Social Security No. No

4. Sex F 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Walter C. Payne  
 6. (c) Age of husband or wife if alive 68 years  
 7. Birth date of deceased: December 26 1882  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>6</u>	<u>12</u>	.....hr. ....min.

9. Birthplace: Greene County Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation: Housewife

11. Industry or business:

12. Name Melvin Zettle13. Birthplace: Unk. Maryland  
(City, town, or county) (State or foreign country)14. Maiden name: Maggie Rountree15. Birthplace: Springfield, Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant: Lucius Payne  
(b) Address: R. R. #817. (a) Burial (b) Date thereof: 7/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation: Patterson Cemetery18. (a) Signature of funeral director: H. H. Lonneyer(b) Address: Springfield Mo.19. (a) July 8 - 1948 (b) Gloria Brittain  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8  
year 1948 hour 7 minute 20 P.M.21. I hereby certify that I attended the deceased from March 13 1948 to July 8 1948  
that I last saw her alive on July 7 1948  
and that death occurred on the date and hour stated above. DurationImmediate cause of death: Myocardial Insufficiency

Due to:

Primary Carcinoma, left breastOther conditions: Metastatic carcinoma to skeletal framework andMajor findings: intestinal organs

Of operations:

Of autopsies: 50

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?..... 0

While at work?..... (Specify type of place)

23. Signature: Arthur S. Smith (M. D. or other) MDAddress: 1630 N. Jefferson Date signed: 7-9-48

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 18-7-47

Date Filed 8-20-48

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.....

*James B. Gaughen*

Registered Apprentice No. 466

working under my personal supervision.

Signed *Walter E. Hamilla*

Licensed Embalmer No. 3808

P. O. Address *Springfield 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.