

323 S. Main  
JUN 19 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18888  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jasper Registration District No. 408  
 (b) Township Marion Primary Registration District No. 3020 Registered No. 97  
 (c) City Carthage (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME Marion Franklyn Laymen  
 (a) Residence, No. 214 N. Second St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Laura Laymen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>67</u>	<u>7</u>	<u>5</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Minister</u>
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Retired</u>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Effingham, Ill. (STATE OR COUNTRY)

FATHER	13. NAME	<u>Wm. Laymen</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Grayson Kentucky</u>

MOTHER	15. MAIDEN NAME	<u>Anna Davis</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Indiana</u>

17. INFORMANT Laura Laymen (wife) (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Carthage DATE 5/21/39

19. FUNERAL DIRECTOR (NAME) Hedge-Nelson (ADDRESS) Webb City, Missouri

20. FILED May 21, 1939 E. J. McIntire, M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/17/39, 19\_\_

22. I HEREBY CERTIFY, That I attended deceased from 5/17/39, 19\_\_, to 5/17/39, 19\_\_, I last saw him alive on 5-17, 19\_\_. Death is said to have occurred on the date stated above, at 8:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis  
23  
 Other contributory causes of importance:  
Tuberculosis pneumonia  
3 days

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_ (Signed) W. J. Mc Intire, M. D.  
 (Address) 304 Grant, Carthage, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Officer No. 6

District File No. 6-6-39-1236

Date Filed 6-8-39

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.....

*E. M. Hedger*

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

working under my personal supervision.

Signed *E. M. Hedger*.....

Licensed Embalmer No. 2859

P. O. Address *West City 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, above space should be left blank.