

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

42313
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. St. Lukes Hospital 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 0 yrs. 0 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rev. Eugene Naaman Layton

(a) Residence, No. Corydon, Iowa St. Corydon, Iowa
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF Hattie O. Layton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 9 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Baptist Minister
 10. Date deceased last worked at this occupation (month and year) Nov. 26, 1939 11. Total time (years) spent in this occupation 20

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1939
 22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1939, to Dec 11, 1939
 I last saw him alive on Dec 11, 1939. Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of pancreas
Primary
46
 Date of onset
 Other contributory causes of importance: Carcinoma of liver

12. BIRTHPLACE (CITY OR TOWN) Lucas County
 (STATE OR COUNTRY) Iowa

13. NAME Elmer Layton

14. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

15. MAIDEN NAME Harriett Callahan

16. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Esther Asher
 (ADDRESS) 1026 Ann Ave. K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 12/13/39

19. FUNERAL DIRECTOR (NAME) Geo. H. Long
 (ADDRESS) Kansas City, Kansas

20. FILED Dec. 13, 1939
M. M. Crowe
 Local Registrar.

Name of operation none Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes.....

23. If death was due to external causes (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?.....
 If so, specify.....

(Signed) E. L. Miller, M. D.
 (Address) 1032 Professional

Ke no

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.

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,

Chas. H. Rider

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Chas. H. Rider

Licensed Embalmer No.

3404

P. O. Address

KC-K2

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.