

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37855
Do not use this space.

4453

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4453
 (c) City or Kansas City, Missouri. (d) Street No. Trinity Lutheran 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Terry Franklin Layton.

(a) Residence, No. Olathe, Kansas. 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) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19, 1940

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kansas City, Missouri (STATE OR COUNTRY)

FATHER 13. NAME Jack N. Layton

14. BIRTHPLACE (CITY OR TOWN) 1801 Wood, K. C. K. (STATE OR COUNTRY) Kansas City, Kansas.

MOTHER 15. MAIDEN NAME Josephine Terry Layton

16. BIRTHPLACE (CITY OR TOWN) LaCyne, Kansas. (STATE OR COUNTRY)

17. INFORMANT Jack M. Layton (ADDRESS) 1329 South Main - Olathe, Kansas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Olathe, Kansas. DATE Nov. 22, 1940

19. FUNERAL DIRECTOR (NAME) Martin W. Brown (ADDRESS) Olathe, Kansas.

20. FILED 11-22-40 19 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1940

22. I HEREBY CERTIFY, That I attended deceased from 11-19- 1940 to 11-21- 1940

I last saw him alive on 11-21- 1940. Death is said to have occurred on the date stated above, at 11 A. M.
 The principal cause of death and related causes of importance were as follows:

Intra Cranial Hemorrhage Date of onset Birth

Other contributory causes of importance: Breech delivery

Name of operation none Date of none
 What test confirmed diagnosis? none Was there an autopsy? no

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) Edmer Beebe M. D.
 (Address) 128 S. Chestnut - Olathe, Kan.

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.....

Martin W. Frye....., Registered Apprentice No. ~~7~~
working under my personal supervision.

Signed *Martin W. Frye*.....

Licensed Embalmer No. *3615*.....

P. O. Address *Clatho, Kansas*.....

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.