

Registration District No. **497**

Primary Registration District No. **5661A**

Registrar's No. **22**

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Rural Benton Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Laura Glendora Lay

3. (b) If veteran, name war XXXXXX 3. (c) Social Security No. XXXXXX

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Lay 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased October 20 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Lee County Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At home

12. Name Wm. Francis Drake

13. Birthplace xxxxxxx Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Gibbs

15. Birthplace xxxxxxx Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Irene Bedell

(b) Address Laclede, Missouri

17. (a) Burial (b) Date thereof 12/22/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins Cemetery

18. (a) Signature of funeral director Thorne Undertaking Co.

(b) Address Linneus, Missouri

19. (a) Dec 31, 1940 (b) Mrs. Lila Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
Rural Benton Township
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20
 year 1940 hour 4 minute a M.

21. I hereby certify that I attended the deceased from May, 1940 to December 20, 1940
 that I last saw her alive on December, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 2 years

Due to _____
 Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

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? U 46
(Specify type of place) While at work? (e) Means of injury _____

23. Signature J.R. McArthur (M. D. or other) _____
 Address Browning, Missouri Date signed 12/21

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, or by.....

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

working under my personal supervision.

Signed..... *Narr A. Taylor*.....

Licensed Embalmer No..... 3761.....

P. O. Address..... Hinneus, Missouri.....

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.