

No. 2
4-13-40
-17-39
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FIRM JAN 25 1941 698

Primary Registration District No. 5927

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Platte

(b) ~~City or town~~ Weston Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marion Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 52 yr _____ (Specify whether)

years, months or days _____

3. (a) PRINT FULL NAME Elizabeth Layton

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband Walter C. Layton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Platte Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife _____

11. Industry or business _____

12. Name Mrs. W. Kyle

13. Birthplace Platte Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Walter Dougherty

15. Birthplace Delay Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Adams

(b) Address Lawrence Place

17. (a) Burial (b) Date thereof 12-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation W. B. Bell

18. (a) Signature of funeral director J. H. Brill

(b) Address 22 Co

19. (a) 12/20/40 (b) J. H. Brill
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte

(c) City or town Weston Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Marshall Imp
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1940 hour 11 minute 55 PM

21. I hereby certify that I attended the deceased from Nov-4-
_____ 1940 to Dec-20 1940

that I last saw her alive on Dec-17 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Mania Depressive Insanity, mixed type Duration 6 to 8 mo.

Due to This condition followed severe menopausal symptoms

Due to _____

Other conditions ✓
(Include pregnancy within 3 months of death) 199 B

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? 620
While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Lewis C. Gilbert (M. D. 1)

Address Weston MO Date signed Jan-1-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Licensed Embalmer No.....

P. O. Address.....

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.