

REC'D JAN 8 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **44037**

Registration District No. **819** Primary Registration District No. **45-89** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scott
 (b) City or town Vanduser
 (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 40 years
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
 (c) City or town Vanduser
 (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.

3. (a) PRINT FULL NAME George Washington Layton

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

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

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

7. Birth date of deceased. 7 25 1869
 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace: Perry County Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Grocery Store Operator

11. Industry or business _____

MOTHER FATHER { 12. Name John Layton

13. Birthplace St. Marys Mo. Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Ellen Fenwick

15. Birthplace Perry County Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Albert Layton
 (b) Address Vanduser Mo.

17. (a) Burial (b) Date thereof 12/30/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Merley Mo.

18. (a) Signature of funeral director John Allen
 (b) Address Sikeston Mo.

19. (a) _____ (b) _____
 (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
 year 1940 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 18, 1938 to Dec 28, 1940
 that I last saw him alive on Dec 16, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Hypertension, - myocardial and arteriosclerotic } Inst
age + over weight } 4 year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration 1 MIN

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?

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

23. Signature Howard A. Dunaway (M. D. or other) _____
 Address Sikeston, Mo Date signed Dec 29/40

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.....

John Allerton

Licensed Embalmer No..... 2941

P. O. Address **Sikeston 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.

Marley Mo
Feb 22-1941-

Harry F. Parker M.D.
State Registrar of Vital Statistics.
Received Voucher Many
thanks

I sent an Annual
Statement report as my
book show in my Dec
Monthly report to
Dr Theodore L Waddle.

Respt
- Mrs L Dugherty
Registrar Dec 8 19.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44039

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 819

Primary Registration District No. 4589

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Vanduser
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Vanduser
(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.

3. (a) PRINT FULL NAME Geo. Washington Layton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH Month Dec day 28
year 1940 hour _____ minute _____ M.

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

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

8. AGE: Years Months Days If less than one day

71 5 3 hr. _____ min.

Due to _____

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

9. Birthplace Checked in St. Louis (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

Major findings: _____
Of operations _____

Of autopsy _____

11. Industry or business Merchant

12. Name _____

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

14. Maiden name _____

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

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? _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

23. Signature Howard A. Dunaway

Address Keokuk Date signed _____

19. (a) Feb 22 1941 (b) Mrs L. Dougherty
(Date received local registrar) (Registrar's signature)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

SUPPLEMENTAL