

No. 2  
1-13-40  
-17-39  
X23159

State File No. 7801  
Registrar's No. 70

**MAR 15 1941**  
Registration District No. 268

Primary Registration District No. 3032

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(c) Name of hospital or institution:  
319 West 10th. St.  
(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 Pettis 80

(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL")

(d) Street No. 319 West 10th. St. 4  
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Minnie Wilhemina Laystrom

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 Wid.

6. (b) Name of husband or wife Robert Laystrom 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 21 1853  
(Month) (Day) (Year)

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

87 11 27 hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name William Sarman

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

14. Maiden name Unknown

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

16. (a) Informant Walter Kennedy

(b) Address Sedalia, Mo.

17. (a) Burial (b) Date thereof Feb. 20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Mo.

19. (a) 2/19/41 (b) Mrs. Harry S. Sauer  
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18 year: 1941 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from February 17, 1941, to February 18, 1941; that I last saw her alive on February 18, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic myocarditis

Due to \_\_\_\_\_

Due to Stroke

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Duration 7

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? ✓

(Specify type of place) \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. O. B. Quilley M.D. (M. D. or other) ✓

Address Sedalia Mo. Date signed 2-19-41

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-13-41

**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 Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, fact should be so stated above.**